

NDIRF NORTH DAKOTA INSURANCE RESERVE FUND

PROPERTY LOSS REPORT

Named Member: _____ Policy # _____ Date: ____/____/____

Member Contact Person: _____ Title: _____

Email Address: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Contact for the claim? Yes No If no, Contact Name: _____ Phone: (____) _____

Agency: _____ Agency Contact Person/Title: _____

Email Address: _____ Phone: (____) _____

Date of Incident: ____/____/____ **Time of Incident:** ____:____ AM PM

Location of Incident: _____
(Physical Address – if there is no specific address, describe location, i.e. cross streets)

MEMBER PROPERTY:

Type of Loss: Fire Theft Lightning Hail Wind Other: _____

Mobile equipment damaged: Unit # _____ Year: _____ Make: _____ Model: _____

Unit # _____ Year: _____ Make: _____ Model: _____

Description of other property damaged: _____

Fully describe the incident and damage _____

Authorities contacted? Yes No If yes, who? _____ Report Number: _____

WITNESSES:

Name: _____ Address: _____ Phone: (____) _____

Name: _____ Address: _____ Phone: (____) _____

****Please email this report to your agent with any other supporting documentation.****