



NDFT Property Loss Report

Thoroughly complete this form and submit it to NDFTClaims@ndirf.com.

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

Member Contact Person: _____ Title: _____

Member Mailing Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: (____) _____

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

Agency: _____ Agency Contact Person/Title: _____

Email Address: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

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

Property No. _____ Property Name: _____

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

Member Property:

Loss Type: Collapse Equipment Breakdown Fire Hail Lightning Smoke Theft Vandalism
 Vehicle Damage Water Wind Explosion Other: _____

Description of Loss/Damage: _____

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

Is other insurance carried on the damaged property? Yes No

Estimated Dollar Amount of Loss: _____

Witnesses:

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

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

Make any temporary repairs necessary to prevent further damage to your property.