Mail or fax to:
Howalt-McDowell Insurance, Inc.
P.O. Box 5113
Sioux Falls, SD 57117-5113
Fax: 605-339-3620

PROPERTY LOSS CLAIM FORM

NAME OF INSURED: _____

DATE & TIME OF LOSS: _____

LOCATION OF LOSS: _____

PHYSICAL DESCRIPTION OF PROPERTY/EQUIPMENT: _____

_____

DESCRIPTION OF LOSS: _____

_____

_____

_____

THEFT CLAIM MUST BE REPORTED TO POLICE

POLICE DEPARTMENT RESPONDING: _____

CASE #: _____

APPROXIMATE AMOUNT OF DAMAGE: _____

PERSON REPORTING CLAIM: _____

PHONE NUMBER: _____

PERSON TO CONTACT: _____

PHONE NUMBER: _____

ADDITIONAL COMMENTS: _____

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Reset