09-02-2014

Dear Insured:

I am the Adjuster assigned to handle your claim. It is required that you complete, sign and return the attached Report of Loss form.

1. Answer all questions on the front of form.
2. On reverse side of form:

Describe each item, WITH OR WITHOUT PROOF OF OWNERSHIP, which includes brand name, model, owner’s name and address, where item was purchased, date of purchase, amount paid and type of payment made.

1. Submit any form of proof of ownership you have such as canceled checks, receipts, bills or charge card statement, warranty cards, complete manuals or photographs. If item was a gift, submit gift provider’s name and address.

**\*PLEASE PROVIDE COPIES ONLY – ORIGINAL DOCUMENTS WILL NOT BE RETURNED**\*. **KEEP YOUR ORIGINALS FOR FURTHER REVIEW AND CONSIDERATION.**

1. ALL named insureds must date and sign the Report of Loss form.

Should you have any questions, contact me at \_\_\_\_\_\_\_\_.

Your claim number is **\_\_\_\_\_\_** Please refer to this number in all correspondence.

Respectfully,

Claims Adjuster

Report of Loss

Massachusetts Property Insurance Underwriting Association

2 Center Plaza, Boston, Massachusetts 02108

CLAIM#: \_\_\_\_\_\_ POLICY #: \_\_\_\_\_\_\_\_ ADJUSTER: \_\_\_\_\_\_\_\_\_\_

NAMED INSURED: \_\_\_\_\_\_\_\_\_\_

INSURED LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF LOSS: \_\_\_\_\_\_\_\_\_\_

DATE REPORTED: \_\_\_\_\_\_\_\_\_ DESCRIPTION OF LOSS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Location of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Describe Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When and How Discovered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was Loss Reported to Police?\_\_\_\_\_\_ Where (Station or precinct)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report No: \_\_\_\_\_\_\_\_\_\_\_\_ Did police investigate?\_\_\_\_\_\_\_\_\_\_\_\_ Any Suspects? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was there any evidence of burglary or theft other than the disappearance of the property? (Please describe evidence or damage): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where was property last seen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you away from the premises when the loss occurred? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For what purpose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was there anyone on the premises? \_\_\_\_\_\_\_\_ Please Identify (Such as workman or maid) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Were the involved premises or vehicle locked?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How was entry gained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If loss from vehicle, where was it parked? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If loss from parking, were keys given to attendant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any other similar occurrences in the neighborhood?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any previous losses? \_\_\_\_\_\_\_\_\_\_\_ If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any other insurance which might cover this loss? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please continue on reverse)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description of Property (Include brand name, model number, etc.) | Name and address of owner | Where purchase (If gift list donor's name and address) | Date Acquired | Payment | Charge Account type and Number | Original Cost | Current Value | Co. Use Only |
|  |  |  |  | * Cash * Check * Charge |  |  |  |  |
|  |  |  |  | * Cash * Check * Charge |  |  |  |  |
|  |  |  |  | * Cash * Check * Charge |  |  |  |  |
|  |  |  |  | * Cash * Check * Charge |  |  |  |  |
|  |  |  |  | * Cash * Check * Charge |  |  |  |  |
|  |  |  |  | * Cash * Check * Charge |  |  |  |  |
|  |  |  |  | * Cash * Check * Charge |  |  |  |  |
|  |  |  |  | * Cash * Check * Charge |  |  |  |  |

If more space is required, please continue the entries on another sheet of paper and all additional pages must also be signed by the named insureds.

PLEASE ATTACH COPIES OF ANY CANCELLED CHECKS, BILLS OR RECEIPTS, WARRANTY CARDS, OWNER'S MANUALS, PICTURES, ETC. YOU SHOULD KEEP ALL ORIGINAL DOCUMENTS AVAILABLE FOR FURTHER REVIEW IN ACCORDANCE WITH THE POLICY CONDITIONS.

NOTICE

Concealment or Fraud:

We do not provide coverage for any insured who has intentionally concealed or misrepresented any material fact or circumstance relating to this insurance.

I/We the undersigned hereby state that the information on this form, any additional sheets and the reverse side is true and correct to the best of my/our knowledge and belief and that no material has been withheld.

#### ALL NAMED INSUREDS MUST SIGN

Date Signature of Insured Signature of Insured