

PROPERTY DAMAGE REPORTING FORM

The information contained within all pages which make up this document is **CONFIDENTIAL AND PRIVILEGED**. Said information is intended solely for the use of the individual to whom it is directed. If the recipient is a person/business other than those listed, you are hereby notified that any dissemination, copying, or other use of this communication is strictly prohibited. If you have received this document in error, please notify us immediately at errean@scubains.com and destroy this document immediately thereafter. Thank you for your cooperation and courtesy in relation to this matter.

Please print or type clearly. It is extremely important that you fill in this form COMPLETELY!

Insured Name _____ Date of Loss _____

Location of Loss _____

If Multiple Buildings are Insured, Which Structure Did Loss Occur? _____

Was Police or Fire Department Contacted? Yes No Report Number _____

Type of Loss: Fire Wind Theft Lightning Hail Compressor Breakdown Other

Description of Loss & Damage:

If applicable, has a repair estimate been provided (if yes, please attach when sending notice) _____

Has Anything Been Done to Minimize Further Loss to Property? _____

Business Owners First and Last Name _____

Business Address _____ Contact Number _____

Date Reported _____

PLEASE EMAIL ERREAN@SCUBAINS.COM PICTURES OF ANY DAMAGE PRIOR TO REPAIRS. IF YOU NEED IMMEDIATE ASSISTANCE, YOU MAY CALL 800-291-4898. IF YOU HAVE ANY QUESTIONS DURING NORMAL BUSINESS HOURS YOU MAY CALL 615-599-0334 OR EMAIL INFO@SCUBAINS.COM.