

Vacant Property Insurance Claim

Policyholder Information

Name

Policy Number

Contact Number

Email Address

Mailing Address

Property Details

Property Address

Property Type

Period Vacant (dates)

Incident Details

Date of Incident

Time of Incident

Description of Incident

Is a police/fire report filed?

Police/Fire Report Number

Damages and Losses

Description of Damages/Losses

Estimated Cost of Damages

Photos/Documentation Attached

Declaration

Signature

Date