

Commercial Property Insurance Proof of Loss Form

Policyholder Information

Policyholder Name

Policy Number

Business Name

Address

City

State

ZIP Code

Phone

Email

Loss Details

Date of Loss

Time of Loss

Location of Loss

Cause of Loss

Description of Loss

Property & Claim Information

Property Damaged

Total Amount Claimed

Other Insurance Coverage

Certification & Signature

Signature of Policyholder

Date