



8722 S. Harrison St. Sandy, UT 84070  
 P.O. Box 4439 Sandy, UT 84091  
 877-585-2849 • Fax 877-452-6909  
 After Hours Claim Reporting: 877-243-8182  
[CDA@primeis.com](mailto:CDA@primeis.com)

**PROPERTY LOSS  
 NOTICE FORM**

**General Information**

Name of Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Insured's Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (     ) \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date of Policy: \_\_\_\_\_

Policy Type:  Dwelling  Business Property  Other Structure

Limits: Building \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_ Theft \$ \_\_\_\_\_

SIR: \$ \_\_\_\_\_

Mortgagee: \_\_\_\_\_

**Information about the Loss**

Date of Loss: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Address of Loss: \_\_\_\_\_

Type of Loss:  Fire  Hail  Lighting  Flood  Theft  Wind  
 Other (please explain): \_\_\_\_\_

Description of Loss (Use reverse if necessary): \_\_\_\_\_

Description of Buildings Involved (Use reverse if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Police or Fire Department to which you reported: \_\_\_\_\_

Case or File Number: \_\_\_\_\_

**Additional Enclosures**

Please obtain a copy of each of the following and attach it to this form:

1. A copy of any contract or written agreement with the injured party
2. A written narrative statement by your employee(s) of the events of the loss.
3. Names, addresses, and telephone numbers for all witnesses, including clients and employees.
4. Witness statements

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_