



Liability Incident Report - Property Damage

INSURED	Name _____ Phone # _____ Address _____ Fax # _____ _____ Email _____ Policy # _____
OWNER OF PROPERTY	Name _____ Phone # _____ Address _____ Fax # _____ _____ Email _____
TIME, PLACE AND NATURE OF LOSS	Date of Loss _____ Time _____ a.m./p.m. Exact Place of Loss _____ Nature of Loss: _____ _____ _____
DESCRIPTION OF PROPERTY (make, model, quantity, serial number)	_____ _____ _____ _____ _____
DESCRIPTION OF PROPERTY LOSS (describe as completely and thoroughly how property damage occurred)	_____ _____ _____ _____ _____

<p>ADDITIONAL INFORMATION</p>	<p>Is property repairable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____</p>
<p>INDIVIDUAL COMPLETING REPORT</p>	<p>Name _____ Phone # _____</p> <p>Address _____ Fax # _____</p> <p>_____ Email _____</p> <p>Relationship to Owner of Property _____</p>
<p>DECLARATION</p>	<p>I/We declare that the information given in this form is true and complete to the best of my/our knowledge and belief.</p> <p>I/We further authorize any individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to the settling of this claim and/or the Insurer's rights of recovery thereunder to furnish such records or knowledge to RiskCap or its authorized representatives. A photocopy of this authorization will be considered as effective and valid as the original.</p>

DATE _____ SIGNATURE _____