

Report all claims directly to Claim Report Channels:  
Phone: 855-660-9675  
Fax: 800-921-7683  
Email: [LMDClaims@yorkrsg.com](mailto:LMDClaims@yorkrsg.com)



## PROPERTY CLAIMS REPORTING FORM

Reporting Date: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

POLICY NO.:	POLICY PERIOD:
_____	EFFECTIVE DATE: _____   EXPIRATION DATE: _____

INSURED NAME:
_____
INSURED ADDRESS:
_____
INSURED PHONE NUMBER:
WORK: _____ HOME: _____

### LOSS INFORMATION

LOCATION OF LOSS:		
_____		
KIND OF LOSS:	PROBABLE AMOUNT OF LOSS:	POLICE OF FIRE DEPT. REPORTED TO:
<input type="checkbox"/> FIRE <input type="checkbox"/> THEFT <input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL <input type="checkbox"/> FLOOD <input type="checkbox"/> WIND <input type="checkbox"/> OTHER: _____	_____	_____
DESCRIPTION OF DAMAGE :		
_____		

REMARKS:
_____

REPORTED BY:	CONTACT PERSON:
_____	_____