

TSC>DIRECT
Tri-State Consumer Insurance Company

REPORT OF PROPERTY CLAIM or LOSS

Name of Person Reporting: _____

Address (include City and State): _____

Telephone Number(s) of Person Reporting:

Home: _____

Work: _____

Cell: _____

Date of Report: _____

LOSS INFORMATION

Date and Time of Loss: ____/____/____ _____ a.m. ____ p.m. ____

Location of Loss (include City and State): _____

Type of Loss (Fire / Theft / Lightning / Hail / Flood / Wind / Other (Please explain)):

Description of Loss and Damage: _____

Were the authorities (i.e., Police, Fire) contacted? Yes ____ No ____

If Yes, who was contacted? _____

Was a Report Number given? Yes ____ No ____

If Yes, list report number: _____

