



Immediately after an accident fill out this form and send to:

LOCATION CODE:

## GALLAGHER BASSETT SERVICES, INC. LOSS REPORT, PROPERTY

FOR DAMAGE TO YOUR OWN PROPERTY

<b>CLIENT INFORMATION</b>			
NAME OF COMPANY/CLIENT LOCATION		PHONE NO.	
ADDRESS	CITY	STATE	ZIP
LOCATION OF LOSS			
DATE OF LOSS	TIME OF LOSS	ESTIMATE OF LOSS	
<b>BUILDING AND/OR CONTENTS</b>			
DETAILS OF LOSS			
<b>CARGO/AUTO</b>			
NAME OF DRIVER			
OWNER OF VEHICLE			
DESCRIPTION OF VEHICLE - INCLUDE MAKE, YEAR, SERIAL NO.			
<b>BOILER &amp; MACHINERY</b>			
DETAILS OF LOSS			
<b>EMPLOYEE DISHONESTY</b>			
NAME OF EMPLOYEE		DATE OF EMPLOYMENT	
JOB TITLE			
<b>ROBBERY OR SAFE BURGLARY</b>			
CULPRIT APPREHENDED – EXPLAIN			
POLICY AUTHORITY INVOLVED – EXPLAIN			
ATTACH SUPPORT MATERIAL - POLICE REPORT - NEWSPAPER ACCOUNT, DETAILS OF CLAIM, ETC.			
<b>SUMMARY</b>			
(HOW LOSS OCCURRED AND DAMAGE EXTENT) ATTACH SUPPORTING MATERIAL, ANY AVAILABLE REPORTS, NEWSPAPER ACCOUNT, PICTURES, REPAIR ESTIMATES, OR BILLS, ETC.			
DATE		SIGNATURE AND TITLE	

NOTE: USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED