



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

CLIENT INFORMATION			
NAME OF COMPANY/CLIENT LOCATION		PHONE NO.	
ADDRESS	CITY	STATE	ZIP
LOCATION OF LOSS			
DATE OF LOSS	TIME OF LOSS	ESTIMATE OF LOSS	
BUILDING AND/OR CONTENTS			
DETAILS OF LOSS			
CARGO/AUTO			
NAME OF DRIVER			
OWNER OF VEHICLE			
DESCRIPTION OF VEHICLE - INCLUDE MAKE, YEAR, SERIAL NO.			
BOILER & MACHINERY			
DETAILS OF LOSS			
EMPLOYEE DISHONESTY			
NAME OF EMPLOYEE		DATE OF EMPLOYMENT	
JOB TITLE			
ROBBERY OR SAFE BURGLARY			
CULPRIT APPREHENDED – EXPLAIN			
POLICY AUTHORITY INVOLVED – EXPLAIN			
ATTACH SUPPORT MATERIAL - POLICE REPORT - NEWSPAPER ACCOUNT, DETAILS OF CLAIM, ETC.			
SUMMARY			
(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