

# Sutter Insurance

## Property Claim Report

Date Reported: \_\_\_\_\_  
Reported By: \_\_\_\_\_ Cancel Date: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_  
Insured's Name: \_\_\_\_\_  
Insured's Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
(Include Area Code)  
Home Phone: \_\_\_\_\_  
(Include Area Code)  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

### LOSS INFORMATION

Date and Time of Loss: \_\_\_\_\_  
Location of Loss: \_\_\_\_\_

Description of Loss and Damage:	
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Police or Fire Dept. to which Reported: \_\_\_\_\_

### POLICY INFORMATION

Mortgagee or Loss Payee: \_\_\_\_\_  
Coverage Type and Limits: \_\_\_\_\_

Additional Information:	
Other Insurance (List Company, Policy Numbers, Coverages & Policy Amount):	

For your protection, State Law requires the following to appear on this form: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON".

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

By submitting this form I declare this information to be true and correct.

Report taken by: \_\_\_\_\_

Email to [claimsemail@sutterinsurance.com](mailto:claimsemail@sutterinsurance.com)

Fax to 707-793-0909