#  LOGO_RSL-LA

#  Property Claim Reporting Guide

### Other Property

Name of insured

Insert name here

Name of person reporting Telephone number For report only

 [ ]  Yes [ ]  No

Insert number here

### Property Information

Description of the property

Address where the property is located

Insert address here

City State Zip code

Enter City

Insert state

Enter zip code

Date of Loss Was business curtailed? Was there consequential damage?

Enter City

 [ ]  Yes [ ] No [ ]  Yes [ ] No

Description of damage

### Witness information

Name of witness to the incident Telephone number of witness

Insert name here

Insert number here

Address of the witness

Insert address here

City State Zip Code

Enter City

Insert state

Enter zip code

Anything related to the incident you would like to add

##### **Please return to: Risk Services, The Leavitt Group Attn: Claims Department**

##### **By email:** rslclaims@leavitt.com **or via fax: 866-238-8294**