

# Commercial Fire Loss Certification Form

## POLICYHOLDER INFORMATION

Name of Policyholder

Policy Number

Business Address

Contact Number

## LOSS INFORMATION

Date of Loss

Time of Loss

 HH:MM AM/PM

Location of Loss

Cause of Fire (if known)

Description of Circumstances

## FIRE DEPARTMENT REPORT

Fire Department Name

Report Number (if any)

Officer Name

## ESTIMATED LOSS

Property Loss (\$)

Contents Loss (\$)

## CERTIFICATION

I hereby certify that the information provided above is true and complete to the best of my knowledge.

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Signature of Policyholder

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Date