

# Tenant Fire Loss Claim

## Claimant Information

Name:

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Address:

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Phone Number:

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Email:

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## Property Details

Property Address:

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Landlord's Name:

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Date of Lease Start:

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Date of Incident:

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## Incident Details

Description of Fire Incident:

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Location within Property:

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Police/Fire Department Report Number:

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Was the property occupied at the time?:

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## Damaged/Lost Items

Item Description	Approx. Value	Date Purchased	Condition Before Loss

## Insurance Information

**Insurance Provider:**

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**Policy Number:**

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**Contact Information:**

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## **Declaration**

**I hereby declare the above information is true and accurate to the best of my knowledge.**

**Signature:**

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**Date:**

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