

# Tenant Fire Loss Claim

## Claimant Information

Name:

Address:

Phone Number:

Email:

## Property Details

Property Address:

Landlord's Name:

Date of Lease Start:

Date of Incident:

## Incident Details

Description of Fire Incident:

Location within Property:

Police/Fire Department Report Number:

Was the property occupied at the time?:

## 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:**