

Residential Property Proof of Loss Form

Policyholder Name

Property Address

Phone

Policy Number

Claim Number

Date of Loss

Cause of Loss

Description of Loss or Damage

Was loss reported to police/fire?

Report Number

Itemized List of Damaged or Lost Property

Include item description, date of purchase, value, and amount claimed for each item.

Total Amount Claimed

Deductible

Remarks / Additional Information

Policyholder Signature

Date