



IPARKS PROPERTY CLAIM REPORT

Member (Include address and telephone number): _____

Certificate No.: _____ Certificate Term: _____

Deductible: _____ Other Insurance ? : _____

If so, list carrier, policy number, and policy term: _____

Date of Loss: _____ Location of Loss: _____

Description of Loss and Damage: _____

Estimated Amount of Loss: _____

How and when were you first notified of the incident?: _____

If any damages involve scheduled items, list a detailed description of each: _____

Lien holder (If none, so indicate): _____

Were the police or fire departments called? _____ If so, attach copy of report(s),
if available.

Was any third party responsible for this loss? _____ If so, explain who and why:

Name of Member Contact Person: _____

Telephone No.: _____

Date: _____

E-Mail Address: _____

This form has been completed by:

Name (Please Print): _____

Address: _____

Telephone No.: ____ (____) _____