

Real Estate Investor Insurance

Claim Form

Phone: (800)833-5912 Fax: (937	7)323-0787 Email: claim	s@insurmark.con				omission feature in brov d and return to claims@	
Insured FI Code Po	olicy Number	Date					
Insured Name							
Insured Address	City			State		Zip	
Location of Loss Address	City			State		Zip	
] [
Additional Insured / Loss Payee				Loan Num	ber	File Number	
Type of Risk: Dwe	elling Multi Dwe	elling (Commercial	Mobile Home	•		
Condition of Risk: Occ	cupied Vacant						
Loss Information							
Date of Loss							
	Actual Discov	vered					
Cause of Loss							
			(Fire, Vandalism, Theft	, Wind, Flood,	etc.)		
Brief Description & Extent of Damage							
Panartad Bur							
Reported By:							
Date Reported:		Inst	ıred Contact:			·	
Telephone & Ext.:		Email Address:					
Tolophono a Zxi		Email Address.					
Loss Submitted by:							
Insurmark Use Only							
Property Amount Insured: \$			Carrier:				
Contents Coverage: Yes	No		Deductible:			_	
Liability Coverage: Yes	No	Policy Nur	nber / Contract Year:				
Loss of Income: Yes	No		Policy Term:		То		
Entry Date:	·						
Entry Date of Contents/Liability/Loss of	Income (if different):						
Initials:							