

**Suhr Risk Services of California  
Risk Management Division**

1338 Bayshore Highway, Burlingame, CA 94010  
Phone (800) 788-1170 Facsimile (650) 343-5941

[www.insuhr.com](http://www.insuhr.com)

**California Insurance License Number 0610521**

**Property Claim Form**

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Details of the Loss**

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Describe this loss in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the property damaged: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did this damage occur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information**

Who should the insurance company contact to discuss this incident in greater detail?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Best Time: \_\_\_\_\_