

Commercial Property Claim Begin the Claim

Asterisk (*) indicates required field



What is your relationship to the claim

- Policyholder Claimant Attorney Agent Other

* First Name * Last Name

Address

City State Zip Code

Home Phone

Work Phone ext

Cell Phone *At least one phone number required.

E-mail

A copy of this Web Reported Claim will be sent to the above e-mail address.

* Date of Loss

Approximate Time of Loss

* Claim Type

We appreciate the time you are taking to complete this claim. Entering as much information as you can provide will expedite handling. For questions or problems, please contact us.

Commercial Property Claim Policyholder Information

Asterisk (*) indicates required field

Check if same as person reporting the claim

Yes No

* Company Name	<input type="text"/>		
* First Name	<input type="text"/>	* Last Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	Zip Code <input type="text"/>
Home Phone	<input type="text"/>		
Work Phone	<input type="text"/>	ext	<input type="text"/>
Cell Phone	<input type="text"/>	<i>*At least one phone number required.</i>	
E-mail	<input type="text"/>		
Preferred Contact			
Policy #	<input type="text"/>		
Mortgage Company	<input type="text"/>		
Loan #	<input type="text"/>		

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Commercial Property Claim

Claim Details

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Check if same as
as Policyholder

Yes No

* Loss Location (Street)

Building/Location #

* City

* County

State

Zip Code

Briefly describe what
happened in the
incident

Were local authorities
notified or on the scene?

Yes No

Agency Name/Precinct

Cause of Loss

Was occupant evacuated
from the property
address?

Yes No

Is the property habitable?

Yes No

Is there structural
damage?

Yes No

Estimated amount
of entire loss

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Commercial Property Claim Summary

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**Your claim is now ready for submission.
Please review all claim information and make any changes needed before submitting.**

Is there anything else that you would like to note?

When you have completed this form, please save a copy for yourself and email the form and any attachments to reportclaim@narisk.com. We will send you an acknowledgment electronically that we have received it.

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