

# Residential 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

\* First Name

\* Last Name

Address

City

State

Zip Code

Home Phone

Work Phone

ext

Cell Phone

*\*At least one phone number required.*

E-mail

Preferred Contact

Policy #

Mortgage Company

Loan #

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# Commercial Property Claim

## Claim Details

Asterisk (\*) indicates required field

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

Asterisk (\*) indicates required field

**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](mailto:reportclaim@narisk.com). We will send you an acknowledgment electronically that we have received it.**

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.