

**Church Mutual Insurance Company, S.I.**  
3000 Schuster Lane, P.O. Box 342, Merrill, WI 54452-0342  
(715) 536-5577 • (800) 554-2642 • Fax (715) 539-4651  
www.churchmutual.com

## **PROPERTY LOSS REPORT**

*Please furnish the following information for prompt handling of your claim.*

### **CLAIM NOTIFICATION / POLICYHOLDER INFORMATION**

Date Reported \_\_\_\_\_  
Reported by: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Account No. \_\_\_\_\_ Policy No. \_\_\_\_\_ Effective Date \_\_\_\_\_  
Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Insured's Name (as it appears on policy) \_\_\_\_\_  
Address 1 (Street) \_\_\_\_\_  
Address 2 (Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Are you insured with any other company? ☐ No ☐ Yes Company? \_\_\_\_\_

### **LOSS INFORMATION**

Type of Loss \_\_\_\_\_  
Location of Loss (Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Which structure was damaged? \_\_\_\_\_  
Police or Fire Dept. reported to (if any) \_\_\_\_\_ Report No. \_\_\_\_\_  
Address (Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No.: ( ) \_\_\_\_\_

### **LOSS DESCRIPTION**

Give a complete description of property and circumstances of loss. Include estimates or proposals for repair. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* SECOND PAGE MUST BE COMPLETED AND SIGNED \***

**STATE - SPECIFIC FRAUD WARNING STATEMENTS FOR PROPERTY LOSS CLAIM FORMS  
(PLEASE READ CAREFULLY)**

- Arizona** "For your protection, Arizona law requires the following statement to appear on this form:  
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- California** "For your protection California law requires the following to appear on this form:  
Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."
- Colorado** "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."
- Florida** "Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."
- Maine** "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits."
- New Jersey** "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- New York** "Any person who knowingly and with intent to defraud any insurance company or other person files an application or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation."
- Pennsylvania** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is crime and subjects such person to criminal and civil penalties"

**Alaska, Arkansas, Delaware, District of Columbia, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, and Virginia**

"For your protection, these states require the following wording on this form:

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing false, inflated, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud and may be subject to civil fines, criminal penalties, and denial of insurance benefits."

**Applicable in All States**

For your protection, review your policy for an explanation of the insured's duties in the event of a loss. Failure to comply with these duties may void your policy

Your signature will assist in prompt handling of this claim.

Name (print) \_\_\_\_\_

Phone: Home (       ) \_\_\_\_\_ Work (       ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_