



Immediately after an accident fill out this form and send to:

GALLAGHER BASSETT SERVICES, INC.

LOCATION CODE

LOSS REPORT, PROPERTY

CLIENT INFORMATION			
Name of Company/Client Location			Phone Number
Address	City	State	Zip
Location of Loss			
Date of Loss	Time of Loss	Estimate of Loss	
BUILDING AND/OR CONTENTS			
Details of Loss			
CARGO			
Name of Driver			
Owner of Vehicle			
Description of Vehicle – Include Make, Year, Serial Number			
BOILER AND MACHINERY			
Details of Loss			
EMPLOYEE DISHONESTY			
Name of Employee			Date of Employment
Job Title			
ROBBERY OR SAFE BURGLARY			
Culprit Apprehended – Explain			
Police Authority Involved – Explain			
Attach Supporting Material – Police Report, Newspaper Account, Details of Claim, etc.			
SUMMARY			
How Loss Occurred and Damage Extent (Attach Supporting Material, Any Available Reports, Newspaper Account, Pictures, Repair Estimates or Bills, Etc.)			
_____		_____	
Date		Signature and Title	