



## Property Claims Report Form

Company Name:

Date of Loss:

Contact's Name & Number:

Location of Loss (Street, City, State):

Authority Contacted:

Description of Loss:

Damage to Property:

Police Department/ Fire Department that responded:

Report Number:

Report Completed By:

Date of Report:

Please fax or mail into Koty-Leavitt Insurance Agency  
Fax: (520) 571-9667 or Mail: 6992 E Broadway Blvd. Tucson, AZ 85710