

NOTICE OF LOSS

POLICY # _____

For Casualty Accidents

To: **THE CHURCH INSURANCE COMPANY**
445 Fifth Avenue, New York, NY 10016

INSURED	NAME	PHONE	
	ADDRESS		
TIME & PLACE	DATE & TIME OF ACCIDENT		
	LOCATION		
INJURED PERSON	NAME	AGE	
	ADDRESS	PHONE	
	OCCUPATION		
	EMPLOYED BY		
	WHAT WAS INSURED DOING WHEN HURT?		
THE INJURY	NATURE & EXTENT OF INJURY		
	WHERE WAS INSURED TAKEN AFTER ACCIDENT?		
	HAS INSURED RESUMED WORK?		
PROPERTY DAMAGE	OWNER	ADDRESS	PHONE
	LIST DAMAGE	ESTIMATED COST OF REPAIR \$	
WITNESSES	OWNER	ADDRESS	PHONE
DESCRIPTION OF ACCIDENT			

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT.

Signature of Person Reporting Loss_____
Title_____
Title_____
Date Signed_____
Date Signed