



NASE Loss Notice

Nase Member: _____
 Address: _____
 City, State, Zip Code: _____
 Date: _____
 Member # _____
 Phone: (Home) _____ Business _____
 Fax _____ Social Security # _____
 Type of Business _____ /Name of Business _____

Cause of Loss (Fire, Lightning, etc.) _____

Location/Date of Loss: _____

Description of Loss: i.e. fire, theft (use additional pages if necessary) _____

Property Damaged: (use additional pages if necessary)

<u>Item</u>	<u>Date Purchased</u>	<u>Purchase Price</u>	<u>Cost to Repair/ Replace</u>	<u>Receipts (Circle One)</u>
_____	_____	_____	_____	Yes/No
_____	_____	_____	_____	Yes/No
_____	_____	_____	_____	Yes/No

Relocation Assistance: _____ Yes/No

*Documentation of ownership required to process claims

LIABILITY NOTICE

Location/Date of Occurrence: _____

Injured/Property Damaged: (name, address, injured/owner) _____

Description of Occurrence/Injury/Damage: (use additional pages if necessary) _____

*Please attach a copy of Police Report if applicable

OTHER INSURANCE

Homeowners Insurance:	Policy #
Company _____	_____
Business Insurance:	Policy #
Company _____	_____
Additional Insurance:	
Company _____	_____

Has a notice been provided to any Insurance Company? _____ If so, please provide details.

Member Signature: _____ Date: _____

Directions for completing Loss Notice

Nase Member: Complete name as stated on your NASE Membership

Address: Complete address you can be contacted

Date: Date you are completing the form

Member #: Your NASE membership number

Phone: Home phone number with area code

Business Phone: Business phone number with area code

Fax: Fax number with area code

SS#: Social Security Number

Cause of Loss: Describe in detail the cause of loss you are reporting i.e., fire, Lightning, windstorm, theft, etc.

Description of Loss: Describe in detail the loss that occurred (use additional pages)

Property Damaged: Itemize on an additional page if needed to be attached to the Loss notice the following: Item, Date Purchased, Purchase Price, Cost to Repair/Replace. Please check and attach a Copy of receipts to Loss Notice.

Relocation Assistance: Describe reason coverage needed in this space.

***Documentation of ownership is required to process claims**

Liability Notice

(Claims due to bodily injury or property damage to your clients occurring at your resident premises)

Location/Date of Occurrence: Full address where the loss actually occurred

Injured/Property Damaged: Full name, address and phone number of persons injured with A description of their injury.

Description of Occurrence/Injury/ Damage: Please describe in detail how the loss occurred including any Personal injury and damage to property. Use additional pages If needed.

All Police Reports should be attached to the Loss Notice. (Please use a copy)

Other Insurance:

Homeowners Insurance:

Company/Policy #: Write in Company name and policy number.

Business Insurance:

Company/Policy#: Write in Company name and policy number.

Additional Insurance:

Company/Policy #: Write in Company name and policy number.

If you have notified any Insurance Company of Loss please provide details.

Sign and date the Loss Notice

Please send complete Loss Notice with attachments to:

**Insurance Services
4408 Forest Drive, Suite 202
Columbia, SC 29206
Fax(803) 782-0232**