



Head Office: #29 Tenth Avenue, Barataria

PROPERTY/FIRE LOSS NOTICE

NAME OF INSURED:..... POLICY #:.....
 ADDRESS OF INSURED.....
 TELEPHONE NO:..... AGENCY.....

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| 1. When did the loss take place? | At the hour ofon theday of.....20.... |
| 2. What was the cause of the loss, and under what circumstances did it occur? | |
| 3. Location of property damaged or destroyed | |
| 4. For what purposes were the premises occupied at the date of loss? | |
| 5. Does the policy give a correct description of the property in all respects as it extends immediately before the loss? | Yes..... No..... |
| 6. Has any element of risk been introduced which was not allowed by the policy? | Yes..... No..... |
| 7. Have the conditions of the policy been complied with in every respect? | Yes.....No..... |
| 8. Is the claimant the sole owner of the property damaged or destroyed? If so, state full particulars of any other interests. | Yes.....No..... |
| 9. Has there been a previous loss presently insured under the policy in these premises, or any other premises in which the insured was interested? If yes, please state particulars of such loss. | Yes.....No..... |
| 10. Did you report the matter to the police? If yes, please give details. | Yes.....No..... |
| 11. Were there, at the time of loss, any existing insurances, whether effected by the claimant or by any other person, on the said property, with any other company? If so, state full particulars. | Name of company Amount _____ _____ _____ |

I.....now residing at.....
do hereby declare that the above is a full, true and accurate statement, and I further declare that the articles mentioned on the other side, being my property, and insured under the above mentioned policy or policies, were accidentally destroyed or damaged, without any design or procurement on my part by the aforesaid peril, according to the extent and values annexed; wherefore I claim from the MARITIME GENERAL INSURANCE COMPANY LIMITED the sum of \$..... the amount thereof.

As witness my hand, this.....day of.....20.....

Signature of insured.....

