## NationalGeneral_Lend_ColorNGLS Loss reporting form

**Email Claims to**: NGLSClaimsReporting@ngic.com **Date Reported:**

# BUSINESS CONTACT INFORMATION

|  |  |
| --- | --- |
| **Lender/Client or Property Management Company**  | **Agent Information** |
| Company name: |  | Agency name: |  |
| Company contact person: |  | Agency contact person: |  |
| Phone | Fax |  | Phone | Fax |  |
| E-mail |  | E-mail |  |
| Company addressStreet, City, State ZIP Code |  |  Company addressStreet, City, State ZIP Code |  |

# Borrower/tenant/Community/Investor

|  |  |  |  |
| --- | --- | --- | --- |
| Occupant/Tenant |  | Apartment Community/Investor: |  |
| Insured Location:Street, City, State ZIP Code |  | Primary business addressStreet, City, State ZIP Code |  |
| Mailing Address if different: |  | Phone |  |
| Phone: |  | Fax: |  |
| E-mail: |  | Email: |  |

# Insurance information

|  |  |  |  |
| --- | --- | --- | --- |
| Loan number/Investment # |  | Certificate number: |  |
| Master Policy Number |  | Certificate Eff and Exp Date |  |
| Provide a copy of Evidence of Insurance with this loss form along with any other supporting documents for the claim  |
| **LOSS INFORMATION**  |
| Date of Loss: |  | Property Type: [ ]  Residential Occupied [ ]  Residential Vacant[ ]  Commercial Occupied [ ]  Commercial Vacant[ ]  Mobile Home Occupied [ ]  Mobile Home Vacant[ ] REO Occupied (Tenant) [ ]  REO Vacant[ ]  Tenant Occupied |
| Type of Loss: (Fire, Wind, Water, ect.) |  |
| Description of Loss: |  Damages:Contact:Access information:Special Instructions for inspector: |
| Claim reported by: |  | Phone: |  |
| Reported by company: |  | Email |  |