## NationalGeneral_Lend_ColorNGLS Loss reporting form

**Email Claims to**: [NGLSClaimsReporting@ngic.com](mailto: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 |  |