

## NOTICE OF LOSS

Please complete as many sections as possible and submit any supporting documentation. Return to <a href="mailto:claims@suigroup.com">claims@suigroup.com</a>

TYPE OF CLA	AIM						
Fire	Wind/Hail	Falling Object	Theft/VMM	Flood	Other		
Date:	Lo	an No.:		Certificate No.:			
Borrower(s): _							
Home Phone:		Wor	Phone: Other:				
Property Addr	ess:						
Contact:					Phone:		
Date of Loss: _						Occupied	Vacant
Police/fire reports – Case No:					Officer/Fire Phone:		
Additional Info	ormation:						
Lender:							
Address:					Phone:		
FORM COMI	PLETED BY						
Name:							
Title					Empoil.		

