



Property Damage Report Form

ENTITY INFORMATION		
Legal entity name (LLC, Inc., etc.):	Location address (city, state, zip):	
Date of incident:	Time of incident: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>	Report as notice only: Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact name for this claim:	Phone:	Email:
INCIDENT INFORMATION		
Check all that apply		
Outdoor Vandalism <input type="checkbox"/>	Indoor Vandalism <input type="checkbox"/>	Glass / Window <input type="checkbox"/>
Theft / Robbery <input type="checkbox"/>	Fire Damage <input type="checkbox"/>	Water Damage <input type="checkbox"/>
Weather Damage <input type="checkbox"/>	Drive Thru / Awning Damage <input type="checkbox"/>	Power Outage/ Surge <input type="checkbox"/>
Other Damage:		
Please describe incident in as much detail as possible (if handwriting, attach 2 nd page if necessary):		
Was a vehicle involved: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Year:	Make:	Model: Plate: Unknown: <input type="checkbox"/>
Were authorities notified: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have copy of the police report: Yes <input type="checkbox"/> No <input type="checkbox"/> (Please email to address below)		
Do you have surveillance video of incident: Yes <input type="checkbox"/> No <input type="checkbox"/> (Please copy & save video)		
Do you have pictures of incident: Yes <input type="checkbox"/> No <input type="checkbox"/> (Please take cell phone pictures of incident)		
Were there any witnesses: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name:		
Contact number:		
Name of manager on duty at time of incident:		

SEND COMPLETED REPORT FORMS TO:
franchiseclaims@easterninsurance.com Fax: 508-651-4700
Any questions or concerns please contact Paul-Michael Quintin
pquintin@easterninsurance.com 508-620-3493