CLEAR FORM

NOTICE OF LOSS TO:

CLAIM NUMBER	POLICY NUMBER	DATE OF LOSS (MO-DAY-YR)	TIME OF LOSS

INSURED

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

HOME OTHER

LOCATION OF INSURED PROPERTY

_____¼ SEC: _____ T: _____ R: _____; _____ TWP.

STREET_____ CITY_____

COUNTY _____ STATE _____

WHERE AND WHEN INSURED CAN BE CONTACTED

DESCRIBE HOW LOSS OCCURRED

INSURED PROPERTY	AMOUNT OF INSURANCE	ESTIMATED LOSS	DESCRIBE DAMAGE TO INSURED PROPERTY

1. Is there other insurance on damaged property? ☐ Yes ☐ No
2. Are temporary repairs necessary to prevent further damage? ☐ Yes ☐ No
3. Is subrogation a possibility? ☐ Yes ☐ No

PERMANENT REPAIRS SHALL NOT BE MADE UNTIL CONTACTED BY AN AUTHORIZED ADJUSTER.

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information or helps to commit a fraud against an insurer commits a crime."

DATE	REPORTED BY	REPORTED TO	INSURED'S SIGNATURE

RC 242 4-96

Email form to Grinnell

If the email button does not work for you, please save and email the PDF to Windclaims@grinnellmutual.com