

PROPERTY CLAIM FORM

STORE #: \_\_\_\_\_ DATE: \_\_\_\_\_

STORE NAME: \_\_\_\_\_ TEL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TEL#: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_ TIME OF LOSS: \_\_\_\_\_ AM/PM

TYPE OF LOSS: FIRE \_\_\_\_\_ FLOOD \_\_\_\_\_ HAIL \_\_\_\_\_ WIND \_\_\_\_\_

FOOD SPOILAGE \_\_\_\_\_ LIGHTNING \_\_\_\_\_ THEFT \_\_\_\_\_

EQUIPMENT BREAKDOWN \_\_\_\_\_ OTHER \_\_\_\_\_

PROBABLE AMOUNT OF LOSS: \_\_\_\_\_

LOCATION OF LOSS: \_\_\_\_\_

DESCRIPTION OF LOSS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUBMIT TO:  
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FAX 913-948-8171  
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