



# INSURED'S STATEMENT AND CLAIM FORM THEFT-BURGLURY LOSS

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NAME: HOME PHONE NO.: CELL NO.

ADDRESS: STATE ZIP CODE

OCCUPATION: SPOUSE'S OCCUPATION:

EMPLOYER: SPOUSE'S EMPLOYER:

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DATE OF LOSS: APPROXIMATE TIME: LOCATION OF :

THEFT FROM: PRIVATE DWELLING AUTO APARTMENT OTHER  
 IF OTHER, PLEASE EXPLAIN:

IF THEFT FROM AUTO, WAS AUTO FULLY LOCKED? YES NO

VISIBLE SIGNS OF FORCED ENTRY? YES NO  
 PLEASE EXPLAIN:

DESCRIBE ANY DAMAGE TO PROPERTY:

**DESCRIBE PROTECTIVE DEVICES (IF APPLICABLE)**

IF A SAFE WAS INVOLVED, PLEASE PROVIDE MANUFACTURER'S NAME, NUMBER AND SIZE:

DESCRIBE VISIBLE SIGNS OF ENTRY INTO SAFE:

**WAS THE LOSS REPORTED TO LAW ENFORCEMENT?** YES NO

IF SO, WHAT DAY: WHAT LAW ENFORCEMENT AGENCY:

ADDRESS:

STREET CITY STATE ZIP CODE  
 TELEPHONE NUMBER:

DID LAW ENFORCEMENT INVESTIGATE THE LOSS? YES NO CASE NO.  
 IF YES, PLEASE PROVIDE OFFICER'S NAME:

**PLEASE EXPLAIN THE CIRCUMSTANCES OF LOSS IN DETAIL:**

HAVE YOU EVER SUSTAINED OTHER THEFT LOSSES? YES NO

IF YES, PLEASE GIVE DATES AND AMOUNTS OF LOSSES:

SIGNED DATE INSURED

SIGNED DATE INSURED