

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:
AVANT SUPERMARKET GROUP
PO BOX 815
OLATHE, KANSAS 66051
PHONE 816-251-1670
FAX 816-866-9223
claims@avantsupermarketgroup.com