**Email Address:** [**claimsteam@goldeneagle-insurance.com**](mailto:claimsteam@goldeneagle-insurance.com?subject=GA%20Property%20Claim)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Producer Name:** | | | | | **Submitted By:** | | | | |
| **Phone and Email:** | | | | | **Phone and Email:** | | | | |
| **Named Insured** | | | | | | | | | |
| **Name and Address:** | | | | | **Contact Name:** | | | | |
| **Phone #:** | | | | | **E-mail:** | | | | |
| **Coverage** | | | | | | | | | |
| **Policy #:** | | | | | **Certificate #:** | | | | |
| **Bank Loan #:** | | | | | **Inception Date:** | | | | |
|  | | | | | **Expiration Date:** | | | | |
| **Check One of Each Category:** | | | | | | | | | |
| **1) Dwelling  or Building  3)** | | | **Lender Placed  Real Estate Owned  Investor** | | | | | | |
| **2) Vacant  or Occupied  4)** | | | **Notice of Insurance attached: Yes  No** | | | | | | |
| **Check Policy Type** | | | | | | | | | |
| **Hazard  Flood Only  Wind Only  Other** | | | | | | | | | |
| **Coverage Amounts** | | | | | | | | | |
| **Dwelling** | **Other structures** | **Personal Property** | | **Loss of Use** | | **Deductibles** | | **Other – please describe** | |
|  |  |  | |  | |  | |  | |
| **Subject to Forms**  **(insert form numbers,**  **Edition dates, special**  **Deductibles)** | | | | | | | | | |
| **Named Insured Interest: Owner  Property Manager  Receiver/Trustee  Other**  **Mortgagee(s) Name:** | | | | | | | | | |
| **No Mortgagee(s) (please check if none exists on loss location)** | | | | | | | | | |
| **Additional Insured(s) Name:** | | | | | | | | | |
| **No Additional Insured(s) (please check if none exists on loss location)** | | | | | | | | | |
| **Loss** | | | | | | | | | |
| **Facts of Loss:** | | | | | | | | | |
| **Date of Loss:** | | | | | **Date of Discovery:** | | | | |
| **Damage Description:** | | | | | | | | | |
| **Damages Reported By:** | | | | | **Date Reported:** | | | | |
| **Phone # and E-mail:** | | | | | | | | | |
| **Police or Fire Dept to which reported:** | | | | | | | | | |
| **Contact Information (whom to contact for loss description and access)** | | | | | | | | | |
| **Name/Relationship:** | | | | | | | | | |
| **Phone #:** | | | | | **E-mail:** | | | | |
| **Other Insurance** | | | | | | | | | |
| **Carrier Name:** | | | | | | | **Prior** | | **Current** |
| **Effective Dates of Coverage: From To** | | | | | | | | | |
| **Policy Number:** | | | | | | | | | |
| **Agent Name:** | | | | | **Phone #:** | | | | |
|  | | | | | | | | | |
| **Form was completed by: Date:** | | | | | | | | | |
| Submit all information via email to [claimsteam@goldeneagle-insurance.com](mailto:claimsteam@goldeneagle-insurance.com?subject=GA%20Property%20Claim) | | | | | | | | | |