



Dear Policyholder/Claimant:

You are about to complete our online Property Loss Notice to report a claim for your Businessowner's Policy. Information gathered in this way expedites (but does not replace) the formal claims reporting process. Once this form has been completed, you should save a copy to either (1) upload the file by selecting **For Businesses>Info/Picture Upload** at www.guard.com OR (2) e-mail the pdf to claims3@guard.com. (Printing the pages will not be possible.) Upon receipt by us, you can expect a Berkshire Hathaway GUARD Representative to be contacting you in the near future to complete the process and get the official paperwork filed on your behalf.

Reminders:

- Report all claims to us immediately upon learning of a loss. Timing is critical in securing evidence!
- If applicable, document the names and contact information of everyone who witnessed the loss or came to the scene afterwards.
- If the weather conditions played a role in the loss, include the circumstances.
- Document any factors (such as foreign substances) that may have contributed to the loss.
- Photograph the location/scene of the occurrence; remember, cell phone cameras are often readily available.
- Take all reasonable steps to protect the property from further damage, keeping a record of any expenses incurred in that process for consideration in the settlement. (However, note that we will not pay for any subsequent loss or damage resulting from an occurrence that is not a "Covered Cause of Loss." Refer to your policy for more information.)
- If possible, set the damaged property aside for examination.

NAME OF PERSON TO CONTACT:

TITLE/ROLE:

PHONE NUMBER(S):

[primary]

[secondary]

BEST TIME TO CALL (EASTERN STANDARD TIME):

We thank you for your cooperation. (The Claims Report form immediately follows.)

Reminder:

***Claims can also be reported by phone by simply calling
1-888-NEW-CLMS (i.e., 1-888-639-2567).***

PROPERTY LOSS NOTICE

INSURED		
NAME (Business and Contact)	DATE OF LOSS AND TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE (MM/DD/YYYY)
PROPERTY/HOME POLICY		
MAILING ADDRESS	CARRIER	NAIC CODE
POLICY NUMBER		
FLOOD POLICY		
PRIMARY E-MAIL	CARRIER	NAIC CODE
PRIMARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	POLICY NUMBER	
SECONDARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	WIND POLICY	
POLICY NUMBER	CARRIER	NAIC CODE
CONTACT (IF DIFFERENT)		
NAME (First, Middle, Last)	MAILING ADDRESS	
PRIMARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL	
SECONDARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL	
LOSS		
LOCATION OF LOSS (Street, City, State, ZIP Code, Country)	DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:	
CAUSE OF LOSS: <input type="checkbox"/> FIRE <input type="checkbox"/> THEFT <input type="checkbox"/> LIGHTING <input type="checkbox"/> HAIL <input type="checkbox"/> FLOOD <input type="checkbox"/> WIND <input type="checkbox"/> OTHER (Please Specify):		PROBABLE AMOUNT OF ENTIRE LOSS
DESCRIPTION OF LOSS AND DAMAGE		

IS YOUR BUSINESS OPERABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID YOU TAKE PHOTOGRAPHS OF THE LOSS, INJURIES OR SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
IS THERE DAMAGE TO THE MERCHANDISE FROM THE LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A IF YES, EXPLAIN:	IF YES TO THE ABOVE, PLEASE PROVIDE THE CONTACT INFORMATION FOR WHO POSSESSES THE PHOTOGRAPHS:
DID YOU SECURE VIDEO SURVEILLANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WERE THE POLICE, FIRE DEPARTMENT AND/OR AMBULANCE CALLED TO THE SCENE OF THE INJURY AND/OR LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
IF YES TO THE ABOVE, PLEASE PROVIDE THE CONTACT INFORMATION FOR WHO POSSESSES THE SURVEILLANCE:	IF YES TO THE ABOVE, PLEASE PROVIDE THE CONTACT INFORMATION FOR THE EMERGENCY RESPONDER AND REPORT NUMBER:
ADDITIONAL INFORMATION	
REPORTED BY	REPORTED TO