



Doing business in California as SPG Insurance Solutions, LLC · License No. 0L09546

## PROPERTY CLAIM REPORTING FORM

Email completed form to **Gallagher Bassett**

**MoversChoiceClaims@mvsc.com** or call **(833) 838-2290**

Phone 800-852-1968  
Fax 707-252-5905  
MoversChoiceIns.com  
Claims@MoversChoiceIns.com

POLICY NO.		DATE REPORTED:	
POLICY EFF. DATE	POLICY EXP. DATE	DATE & TIME OF LOSS	AM PM

### INSURED

NAME & ADDRESS:	INSURED'S BUSINESS PHONE:	INSURED'S RESIDENCE PHONE:
	REPORTED BY:	CONTACT PERSON:
	CONTACT'S BUSINESS PHONE:	CONTACT'S RESIDENCE PHONE:
	WHERE TO CONTACT:	WHEN TO CONTACT:

### PROPERTY LOSS INFORMATION

LOCATION OF LOSS:	PROBABLE AMOUNT OF LOSS:	POLICE OR FIRE DEPT. REPORTED TO:
KIND OF LOSS: <input type="radio"/> FIRE <input type="radio"/> THEFT <input type="radio"/> LIGHTNING <input type="radio"/> HAIL <input type="radio"/> FLOOD <input type="radio"/> WIND <input type="radio"/> OTHER: _____		
DESCRIPTION OF DAMAGE:		

REMARKS