

CT FAIR PLAN PROPERTY LOSS NOTICE

EMAIL or FAX COMPLETED LOSS NOTICE TO:

Email: claims@ctfairplan.com

Fax: (860) 282-0070

Telephone: (860) 528-9546

PRODUCER

Name

Address

City, State, Zip

Phone

Today's Date (MM/DD/YY)

Policy Number

Policy Eff Date (MM/DD/YY)

Policy Exp Date (MM/DD/YY)

INSURED(s)

Name Phone Number

Address City, State, Zip

CONTACT PERSON

Name(s)

List ALL daytime phone numbers and best time to call

LOSS INFORMATION

DATE OF LOSS (MM/DD/YY) Time Of Loss AM
PM

Kind Of Loss (Fire, Wind, Hail, Explosion, Etc) Probable Amount Entire Loss

Address Of Loss (City, State, Zip)

Description Of Loss & Damage (If additional space is needed, use separate sheet)

Police or Fire Dept To Which Reported

MISCELLANEOUS INFORMATION:

REPORTED BY REPORTED TO

REMARKS

Signature of Producer or Insured _____ Date