



Manual Notice of Loss

Please complete the form and email to ps.new.claims@assurant.com

| | | |
|--|---|----------------------|
| Policy # | Contract # | Date of Loss: |
| Insured/Business: | Reported by: | |
| Location of Loss: | Client phone: Home: Business: Contact: | |
| Cause of Loss: | Property Address: | |
| Product Damanged: | Mailing Address: | |
| Description of Loss and Damage: | | |