



# The City of Ironton Property Loss Claim Application

Member (Include address and telephone number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate No.: \_\_\_\_\_ Certificate Term: \_\_\_\_\_

Deductible: \_\_\_\_\_ Other Insurance?: \_\_\_\_\_

If so, list carrier, policy number, and policy term: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Loss: \_\_\_\_\_ Location of Loss: \_\_\_\_\_

Description of Loss and Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Amount of Loss: \_\_\_\_\_

How and when were you first notified of the incident?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any damages involve scheduled items, list a detailed description of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lien holder (If none, so indicate): \_\_\_\_\_

Were the police or fire departments called? \_\_\_\_\_ If so, attach copy of report(s)

Was any third party responsible for this loss? \_\_\_\_\_ If so, explain who and why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

This form has been completed by: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

