



703 West Tudor Road, Suite 101 Anchorage, Alaska 99503

Phone (907) 771-5750 Fax (907) 561-6206

CONTRACTORS EQUIPMENT LOSS NOTIFICATION

Insured Information

Name: _____

Contact Person: _____

Contact Phone No.: _____ Email: _____

Loss

Date of Loss: _____ Time: _____ AM PM

Location of Loss: _____

Responding Police or Fire Department: _____ Officer: _____

Case No.: _____

Description of Loss/Damage

Cause of Loss: _____

Equipment: Probable Amount of Loss: _____

Manufacturer: _____ Make: _____

Model: _____ Serial No.: _____

Description of Loss/Damage:

(Please use a separate sheet of paper for additional space.)

Other Insurance (If applicable)

Company Name: _____ Phone: _____

Address: _____

Additional Remarks:

Alaska Statutes require that this notice be included on all claim report forms:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Reported By:

(Print Name)

(Signature)

(Date)