QUICK REPORT

Please fax this form to 212-592-9426, completed as best you can, when you wish to make us aware of a claim (or potential for a claim) or accident RIGHT AWAY- when you don't have all of the facts, are not in a position to right away get all of the paperwork and numbers, etc. This form might help you organize your thoughts in getting together investigative info.

Name of Insured:

_____________________________________________________________

Location Where Loss Took Place:

_____________________________________________________________

When Did This Happen: (date and time) ____________________________

What Happened?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

(If Insured Property Lost/Damaged) - What are the damages?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

(If Another Party is Injured/Another's property damaged - Identify the owner/injured and describe the injuries and/or damages:

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

Name/Title/Contact Number for Person Reporting This:

_____________________________________________________________

_____________________________________________________________