

**INSURANCE LOSS NOTICE**  
**State of West Virginia-BRIM**

Instructions: For **all** losses, complete sections 1, 2 & 3  
For **Auto** losses -- **also** section 4  
For Insured **Property** losses -- **also** section 5

**(1) INSURED INFO:** Name \_\_\_\_\_ BRIM Cert.# (required) \_\_\_\_\_  
Insured Address: \_\_\_\_\_  
Insured Contact: \_\_\_\_\_ Phone Number (day): \_\_\_\_\_  
Person with Detailed Knowledge on Loss: \_\_\_\_\_  
How Do We Reach That Person? \_\_\_\_\_

**(2) LOSS INFO:** Date of Loss: \_\_\_\_\_ Time of Day: \_\_\_\_\_  
Location: (Street address ) \_\_\_\_\_  
Description: \_\_\_\_\_  
Investigated By: (Police, Fire, etc.) \_\_\_\_\_  
Witnesses: NAME ADDRESS PHONE  
1 \_\_\_\_\_  
2 \_\_\_\_\_

**(3) CLAIMANT INFO:** use additional sheet(s) as necessary  
Name \_\_\_\_\_ Home /Cell Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_  
Description of Injury or Damage: \_\_\_\_\_

**(4) AUTO INFO:** use additional sheet(s) as necessary

<u>Insured Vehicle</u>			<u>Claimant Vehicle</u>		
Year _____	Make _____	Model _____	Year _____	Make _____	Model _____
VIN _____			VIN _____		
Driver _____			Driver : _____		
Address _____			Address: _____		
Phone: _____	License # _____		Phone: _____	License # _____	
Passengers _____			Passengers _____		
Estimate Amount \$ _____			Estimate Amount \$ _____		

**(5) PROPERTY LOSS INFO:** Loss Type: ( )Fire ( )Windstorm ( )Burglary & Theft ( )Fidelity  
( )Boiler & Machinery ( )Vehicle ( )Aircraft ( )Other \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_