



Business Alliance Insurance Company

1111 Bayhill Drive, Suite 410
San Bruno, CA 94066

CLAIM REPORT

This form is to be used to report a loss or a claim against you to Business Alliance Insurance Company. (Even if you reported the claim to the company on the phone, you will need to complete this form and send it to your Company Service Representative.)

For your protection California law requires the following to appear on this form:

“Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may subject to fines and confinement in state prison.”

Name of Insured: _____ Policy Number: _____

Name of Your Business: _____

Type of Loss: Property: _____ Liability: _____

When is the best time to contact you? _____ AM: _____ PM: _____

Telephone No. we can reach you: _____

Please complete the following for all claims:

Date of Loss: _____ Time of Loss (if known) _____ AM/PM

Was the loss reported to the police? Yes _____ No _____ If yes, Case#: _____

Please give a short description of the loss: _____

If you are reporting a property loss, please complete the following:

. Estimated damages or losses: \$ _____

. Has the loss caused an interruption of your business? _____

. If yes, since when _____. Are you back in operation? _____

Remember – your policy requires you to take all reasonable steps to protect the covered property from further damages by a covered cause of loss. If feasible, set the damaged property aside in the best possible order for examination. Also keep a record of your expenses for emergency and temporary repairs, for consideration in the settlement claim.

If you are reporting a liability loss, please complete the following:

Name of Claimant: _____ Telephone No.: _____

Address: _____

Witness's Name (if any): _____ Telephone No.: _____

Address: _____

Reportee's Name (Print & Sign) _____ Date: _____