

PROPERTY LOSS ASSIGNMENT

Today's Date

Fax to:

Mahwah: (201) 512-3962

Your Contact Information:

Name

Organization

Address

Address

City

State

Zip

Work Phone

Home Phone

Fax

E-mail

Insured's Contact Information:

Name

Address

Address

City

State

Zip

Work Phone

Home Phone

E-mail

Contact (if different from Insured):

Name

Address

Address

City

State

Zip

Work Phone

Home Phone

E-mail

Agent Information:

Name

Address

Address

City

State

Zip

Phone

Fax

E-mail

Policy Number

Claim Number

Loss date

Location

Time of Loss

**Description
Of Loss**

*(please continue on another sheet
of paper, if necessary)*

Empty box for Description Of Loss.

Coverage Information

*(please continue on another sheet
of paper, if necessary)*

Empty box for Coverage Information.

Other Comments

*(please continue on another sheet
of paper, if necessary)*

Empty box for Other Comments.

Please fax or e-mail this form to:

ROBERT J. TROBE, Corp
65 RAMAPO VALLEY ROAD
SUITE 1
MAHWAH, NJ 07430
FAX: (201) 512-3962
GaryTrobe@rjtcpp.com