

# PROPERTY DAMAGE REPORT

Date of Incident:  Time:  AM ☐ M ☐

## FACILITY INFORMATION

Pool Name:	<input type="text"/>	Contact Name:	<input type="text"/>	Phone #:	<input type="text"/>
Address (City, State, Zip Code ):					
<input type="text"/>					

## PROPERTY DAMAGE INFORMATION

<b>Types of Damage/Loss:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Theft <input type="checkbox"/> Wind <input type="checkbox"/> Vandalism <input type="checkbox"/> Lightning <input type="checkbox"/> Hail Other <input style="width: 150px;" type="text"/>	
<b>Location of Incident (<i>Snack Bar, Pool House, etc .</i>):</b> <input style="width: 950px; height: 30px;" type="text"/>	
<b>Description of Damaged or Stolen Property:</b> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div>	
<b>Estimated Damage: \$</b> <input style="width: 150px;" type="text"/>	<b>Are photos available?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please include copies with this report.

## EMERGENCY RESPONSE

Police report filed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide police report number:	
Name of Police Department:		Police Department Phone #:
Fire department respond? Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Department Phone #:	
Name of Fire Department:		

<b>OTHER PARTIES INVOLVED</b>		
Name: <input type="text"/>	Phone #: <input type="text"/>	
Address ( <i>City, State, Zip Code</i> ):		
<input type="text"/>		
Insurance Company:	Policy #:	Claim #:
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>SIGNATURE</b>		
Report Completed By:		
Name ( <i>print</i> ): _____	Signature: _____	Date: ____/____/____

**Please fax or email this form to Diana McGregor at the Swim Club Insurance Program**  
**Fax: 877-543-5098**  
**dmcgregor@widerman.com**