

Branch Office Use Only			
Identification Number	Subscription		Year
8 7 0 _____	Enter Subscription numbers below		_____

Client Information	
Business Name _____	
Select Subscription Type and Subscription Number _____ - _____	Select subscription type and also enter subscription number _____ - _____
Date of Fire: _____	
Estimated Total Acres Burned: _____	
Was the fire department contacted: <input type="checkbox"/> Yes - An Adjuster may request a copy during inspection	
<input type="checkbox"/> No - Provide details of the cause, efforts to contain and stop the fire:	
Other than AFSC, do you have any other insurance that may cover this loss? No Yes - Record details: _____	

Community Pasture Acres	
Name of Community Pasture	Total Number of Burned Acres (if known)

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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