

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:

☐

Yes - An Adjuster may request a copy during inspection

☐

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)

Date Stamp – primary

Date Stamp – secondary

Do Not Use
This Area



Client Reported Fire Damage Form

Identification Number			Year
8 7 0 _____			_____

Land Locations			
Legal Description of Burned Acres Part-Sec-Twp-Rge-Mer	Insured Crop (i.e., Barley, Canola, etc)	Estimated Number of Burned Acres	Comments

Signature and Declaration	
I (we) (the client) hereby declare that all of the information provided in this form is accurate and true. I meet the eligibility requirements of the selected subscription type and am authorized to make this claim.	
Client Name _____	Date _____
Client Signature _____	
Branch Office Use Only	
Comments	
Information received by: Email Fax In person <input type="checkbox"/> Mail	
Received by: _____ Date: _____	