

Client Reported Fire Damage Form

Branch Office Use Only						
Identification Number	Subscription		Year			
8 7 0	Enter Subscription numbers below					
			•			
Client Information						
Business Name						
Select Subscription Type and Subscription Nur	mher Select subscri	ption type and also enter subsc	intion number			
-		phon typo and aloo onto oubco	-			
Date of Fire:	Fire: Estimated Total Acres Burned:					
Was the fire department contacted:	Yes - An Adjuster may request a copy during inspection					
	1					
L_	☐ 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			
Traine or community r actuals			Burned Acres (if known)			
	Date Stamp – primary	Date Stam	p – secondary			
Do Not Use						
This Area						









Client Reported Fire Damage Form

Identification Number				Year
870				
Land Locations				
Legal Description of Burned Acres Part-Sec-Twp-Rge-Mer	Insured Crop (i.e., Barley, Canola, etc)	Estimated Number of Burned Acres	Commer	ıts
Client Signature	provided in this form is accurated make this claim.		the eligibility requirements o	f the selected
Branch Office Use Only				
Comments				
Information received by: Email F	Fax In person Mail			
Received by:		Da	te:	

Date: