CSJ Insurance Agency Inc.
316 Maxwell Rd., Suite #100, Alpharetta, GA 30004
Tel: (888) 411-4911 / FAX: (678) 832-4910

STUDENT PROPERTY LOSS NOTICE

NOTICE: All information should be accurately recorded. Any false statements, knowingly reported, will void coverage and may violate laws pertaining to insurance fraud. All thefts must also be reported to police.

INSURED

Name and permanent/home address of student:		School and current address of student:
Day phone:	Evening Phone:	E-Mail:

LOSS INFORMATION (Incomplete or incorrect information may delay your claim.)

Location of loss:	Name of Police or Fire Dept. to which reported:
Date of loss:	Campus or local police report case number: ***(Attach Copy of Report)***

Type of loss:

☐ Theft ☐ Wind ☐ Lightning ☐ Water Damage
☐ Flood ☐ Fire/Smoke ☐ Accidental Damage ☐ Other: _____

Please describe the loss in detail:

Attach detailed inventory of itemized property involved in loss.

Attach receipts or credit card statement showing original purchase of these items.

NOTICE

Property should be protected from further damage until claim is resolved. Please take all reasonable steps to minimize the loss.

POLICY INFORMATION

Policy Number:	Policy Term:	Deductible:

Signature of Claimant: _____ **Date:** _____