



**VLCT PACIF
Property
Loss Notice**

Start by saving this blank file on your computer. Open the saved version, fill it in electronically*, save it again, and attach it to an email to newclaim@vlct.org.
***Tips:** Instead of mousing around, use the Tab key to move forward field by field, use Shift-Tab to move backward, and press the Space bar to check a selected check box.

Member name & address	Department head with most knowledge of loss	
Date of loss (mm/dd/yyyy)	Phone number(s)	
Property loss location	Time of loss	

Select a cause of loss

Fire <input type="checkbox"/>	Lightning <input type="checkbox"/>	Wind <input type="checkbox"/>	Water <input type="checkbox"/>	Theft <input type="checkbox"/>	Vandalism <input type="checkbox"/>	Other <input type="checkbox"/>
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Check one or more of the following that responded to the scene

Police <input type="checkbox"/>	Fire <input type="checkbox"/>	Ambulance <input type="checkbox"/>	None <input type="checkbox"/>
Do you have the incident # for police or fire? Yes <input type="radio"/> No <input type="radio"/>		Incident #	

Select one or more of the following that sustained damage or loss

Building <input type="checkbox"/>	Contents <input type="checkbox"/>	Equipment <input type="checkbox"/>	Property in the open <input type="checkbox"/>	Finances <input type="checkbox"/>
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Describe how the damage or loss occurred

Witnesses

Name and address	Phone(s)
Name and address	Phone(s)

Other information

Date completed (mm/dd/yyyy)	Electronic signature

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Questions? Please contact us: **VLCT PACIF -- Claims Division**
 89 Main Street, Suite 4; Montpelier VT 05602 ♦ Phone: (800) 649-7915; Fax: (802) 229-2211