

PROPERTY DAMAGE REPORT

This form applies to damage to your building, furniture, fixtures, etc. caused by such things as fire, wind, smoke, collision of vehicles, etc.

COMPANY NAME:
ADDRESS (YOUR LOCATION):

DATE:

YOUR NAME:
POSITION:

PHONE:

DATE OF DAMAGE:
DESCRIPTION OF DAMAGE AND CAUSE:

ANY MEMBERS OF THE PUBLIC INVOLVED/ INJURED?
IF YES, NAMES AND PHONE NUMBERS:

HAS YOUR ABILITY TO CONDUCT NORMAL OPERATIONS BEEN
INTERRUPTED?

IF SO, FOR HOW LONG?

WHAT TEMPORARY MEASURES HAVE BEEN TAKEN TO PREVENT FURTHER
DAMAGE?

PLEASE FAX THIS FORM TO YOUR IMMEDIATE SUPERVISOR
AND CONLON COMPANY (843) 883-5299.
THANK YOU.