

Property Loss Notice

Date _____

Retail Agent _____
Phone Number _____

Policy Number _____
Insured Name _____
Address _____
City/State/Zip _____

Home Phone _____
Cell Phone _____
Email Address _____

Date of Loss _____

Description of Loss _____

Description of Damage _____

Submit Claim To:

Davies Claims North America
P O Box 110259
Lakewood Ranch, FL 34211
(877) 871-7344
TPAClaims@us.davies-group.com