

Property Claim
Nicoud Insurance
217-546-6900 x 122
217-546-7034 Fax

Named Insured _____

Contact Name _____

Contact #'s _____ or _____

Date of Loss _____ Time _____ am or pm

Location of Loss

Address _____ City _____

State _____ Zip Code _____

Description of Damage _____

Police/Fire Dept _____

Report # _____

Please submit police/fire report or any estimates you may have

REMINDER: TIMELY REPORTING OF CLAIMS IS VITAL