

# Fire Insurance Claim Form

## Commercial Property

**Instructions:** Please complete all sections below. Submit this form along with required supporting documentation (photos, police/fire reports, repair estimates) to your insurance provider.

### 1. Policyholder Information

Policy Number:	_____
Insured Business Name:	_____
Contact Person:	_____
Contact Phone/Email:	_____
Insured Property Address:	_____

### 2. Incident Details

Date & Time of Fire:	_____
Location within Property:	_____
Description of Incident:	_____
Cause of Fire (if known):	_____
Fire/Police Report Number:	_____

### 3. Damage Assessment

Item Description	Location	Estimated Value	Extent of Damage
_____	_____	_____	_____
_____	_____	_____	_____

Add additional sheets if necessary.

Attach supporting documents (photos, appraisals):

### 4. Business Interruption (if applicable)

Estimated Period of Interruption:	_____
Estimated Loss of Income:	_____
Other Expenses:	_____

### 5. Declaration

I declare that the information provided above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This is a sample fire insurance claim form for commercial property. Please check with your insurance provider for the exact forms and procedures required by your policy.*