

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: | <div></div> |
| 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.