



WYOMING REPORT FOR PROPERTY FIRE LOSSES

Wyo. Stat. § 26-23-102(b)

Reporting Date: _____

Name of Insurance Company: _____

Insurance Adjuster Name: _____ Phone No.: _____

Policy No.: _____ Claim No.: _____

Date of Loss: _____ Date Reported: _____

Insured's Name: _____

Address of Loss: _____

City: _____ County: _____ Zip Code: _____

Wyoming Fire Investigator: _____ Investigating Agency: _____

Case Number: _____

Accidental Fire Suspicious Fire Incendiary Fire Repair Total Loss

Brief description of loss:

History of previous claims: _____

Policy Limits: _____

Dwelling: _____ Contents: _____

Other Structures: _____ ALE: _____

Commercial: _____

Advance Payments:

Amount: _____ Coverage: _____ Date Paid/Projected: _____

Amount: _____ Coverage: _____ Date Paid/Projected: _____

Fraud indicators: Yes No

Brief description: