GAB Robins North America

GAB Robins
®
GAB Robins North America, Inc.

PROPERTY REPORT

T:
F:

ZURICH INSURANCE COMPANY

ATTN:

Report	First Report
Date	
Insured	
Policy No.	
Policy Period	
Claim No.	
GAB File No	
Loss Location	
Claimant	
Agency	
Agency Location	
Type of Loss	
Date of Loss	

ENCLOSURES ☐ PROOF OF LOSS # 10 PHOTOGRAPHS ☐ STATEMENT OF INSURED

☐ CONTENTS INVENTORY ☐ DETAILED ESTIMATE ☐ DIAGRAMS ☐ REPLACEMENT FORM

☐ VALUATION ☐ PILR/ISO REPORT ☐ PUBLIC RECORDS ☐ _____ ☐ _____

COVERAGE VERIFIED BY

☐ INSURED POLICY ☐ AGENT ADVISES ☑ COMPANY ADVISES

FORM NO's.	DEDUCTIBLES	CO-INSURANCE
	$0.00	80 %

COVERAGE ANALYSIS

DATE ASSIGNED		DATE OF CONTACT		DATE OF INSPECTION		TOTAL RESERVE	$0.00
RESERVE BY COVERAGE	BUILDING	$0.00	CONTENTS	$0.00	TIME ELEMENT/ OTHER	$0.00	

DESCRIPTION OF RISK/OWNERSHIP

CAUSE

ADJUSTMENT ☐ Worksheet Attached   ☐ Per Adjuster Estimate   ☐ Per Inventory Form

DESCRIBE

RECAPITULATION/ABSTRACT OF COVERAGE

ITEM #	RISK	INSURANCE	VALUE	LOSS	CLAIM
BLDG	Building	$0.00	$0.00	$0.00	$0.00
APS	APS	$0.00	$0.00	$0.00	$0.00
UPP	UPP	$0.00	$0.00	$0.00	$0.00
ALE/FMV	ALE/FMV	$0.00	$0.00	$0.00	$0.00
OTHER	Other	$0.00	$0.00	$0.00	$0.00
	Totals	$0.00	$0.00	$0.00	$0.00

SUBROGATION   ☐ No   ☑ Yes

SALVAGE   ☐ No   ☑ Yes

AGENT CONTACTED   ☑ No   ☐ Yes

TO BE DONE

3. Next report by 11-7-2003
4   Final billing

ADDITIONAL COMMENTS

Adjuster _____

Email _____

	CLAIMANT	
GAB ROBINS FILE NO.	DATE OF LOSS	
CUSTOMER CLAIM NO.	DATE TAKEN	
INSURED	BY	

PHOTOSHEET

DESCRIPTION
Photo -1

DESCRIPTION
Photo -2

![GAB Robins logo]

GAB Robins North America, Inc.

GAB ROBINS FILE NO.

CUSTOMER CLAIM NO.

INSURED

DATE OF LOSS

Page 2

DATE TAKEN

BY

PHOTOSHEET

DESCRIPTION
Photo -3

DESCRIPTION
Photo -4

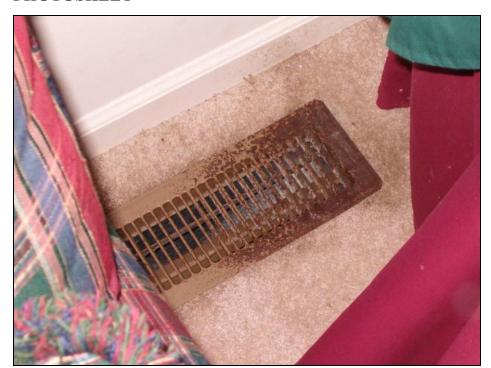|			
	CLAIMANT		
GAB ROBINS FILE NO.		DATE OF LOSS	
CUSTOMER CLAIM NO.		DATE TAKEN	
INSURED		BY	

PHOTOSHEET

DESCRIPTION
Photo -5

DESCRIPTION
Photo -6

CLAIMANT	
GAB ROBINS FILE NO.	DATE OF LOSS
CUSTOMER CLAIM NO.	DATE TAKEN
INSURED	BY

PHOTOSHEET

DESCRIPTION
Photo -7

DESCRIPTION
Photo -8

	CLAIMANT
GAB ROBINS FILE NO.	DATE OF LOSS
CUSTOMER CLAIM NO.	DATE TAKEN
INSURED	BY

PHOTOSHEET

DESCRIPTION
Photo -9