

NOTICE OF LOSS - RISK SECURE & RISK SECURE +

Please complete as many sections as possible and submit any supporting documentation.
Return to claims@oscis.com



TYPE OF CLAIM

Fire Wind/Hail Falling Object Theft/VMM Flood Liability Other _____

Date: _____ Loan No.: _____ Certificate No.: _____

Insured(s): _____

Home Phone: _____ Work Phone: _____ Other: _____

Property Address: _____

Contact: _____ Phone: _____

Date of Loss: _____ Occupied Vacant

GIVE DETAILS OF OCCURRENCE (If more room is needed, please provide in a separate document)

Witnesses – Names/phone numbers: _____

Police/fire reports – Case No: _____ Officer/Fire Phone: _____

Additional Information: _____

Lender: _____

Address: _____ Phone: _____

FORM COMPLETED BY

Name: _____

Title: _____ Email: _____