



CATASTROPHE: _____

**PROPERTY LOSS NOTICE
CATASTROPHE**

REPORTED DATE: ____/____/____
MM DD YR

CUSTOMER NUMBER: _____

SECTION I

INSURED'S NAME: _____

PROPERTY LOCATION: _____

HOW LONG HAVE YOU OWNED THIS PROPERTY (YRS.)? _____ AGENT/BROKER'S NAME: _____

SECTION II

INSURED'S DESCRIPTION O LOSS: (DETAIL OF DAMAGE)

1. BUILDINGS: _____

2. CONTENTS/PERSONAL PROPERTY: _____

INSURED'S ESTIMATE OF DAMAGE/LOSS: \$ _____

SECTION III

IS YOUR HOUSE FINANCED? YES () NO (). IF YES, BY WHOM: _____

NAME OF PREVIOUS INSURER (IF OTHER THAN GUARDIAN INSURANCE): _____

ANY OTHER INSURANCE? YES () NO (). IF YES, GIVE DETAILS: _____

WAS YOUR HOME DAMAGED IN HURRICANES HUGO, MARILYN, BERTHA OR ANY OTHER STORMS OR HURRICANES?
YES() NO(). IF YES, GIVE DETAILS OF DAMAGE: _____

WERE YOU PAID FOR THE DAMAGE TO YOUR PROPERTY? YES() NO(). IF YES, AMOUNT PAID: \$ _____

NAME OF INSURANCE COMPANY/AGENCY THAT PAID YOU FOR YOUR DAMAGE? _____

WAS YOUR PROPERTY REPAIRED? IF YES, BY WHOM? _____

IF PROPERTY WAS NOT REPAIRED, STATE REASON: _____

WERE THERE ANY RECENT IMPROVEMENTS, REPAIRS OR ADDITIONS DONE TO YOUR PROPERTY (WITHIN THE PAST TEN
(10) YEARS) YES() NO(). IF YES, GIVE DATES AND DETAILS: _____

HAVE YOU PLACED ANY CLAIMS WITH ANY INSURANCE COMPANY FOR DAMAGE TO YOUR HOME/PROPERTY WITHIN THE PAST
TEN(10) YEARS? YES() NO(). IF YES, GIVE DETAILS: _____

SECTION IV

WE MAY NEED ADDITIONAL INFORMATION AT A LATER DATE. OUR ASSIGNED ADJUSTERS AND INSPECTORS WILL BE CONTACTING YOU TO OBTAIN ANY ADDITIONAL INFORMATION REQUIRED. AS YOU MAY KNOW, WE HAVE TO ASSIST MANY POLICYHOLDERS. **PLEASE TELL US WHERE WE CAN REACH YOU AND GIVE US ALTERNATIVE CONTACT NUMBERS SO THAT OUR INSPECTORS CAN FIND YOU QUICKLY AND ATTEND TO YOUR RESPECTIVE CLAIMS.** YOUR COOPERATION IS GREATLY APPRECIATED.

WHERE CAN WE REACH YOU? _____

CONTACT PERSON: _____

ALTERNATIVE: _____ CELLULAR NUMBER: _____

SPECIAL REMARKS OR INSTRUCTIONS: _____

**GENERAL POLICY PROVISIONS
CONDITIONS PARAMOUNT – GIC 3**

WE DO NOT PROVIDE COVERAGE FOR ANY "INSURED" WHO HAS INTENTIONALLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE OR MADE FALSE STATEMENTS OR ENGAGED IN FRAUDULENT CONDUCT RELATING TO THE INSURANCE FOR ANY PROPERTY FOR WHICH COVERAGE IS SOUGHT UNDER THEIR POLICY. THE POLICY IS ISSUED ON THE BASIS OF THE INFORMATION SUPPLIED IN THE APPLICATION FOR INSURANCE, WHICH FORMS AN INTEGRAL PART OF YOUR POLICY AND IS A WARRANTY TO THE EXTENT THAT IF ANY OF THE QUESTIONS ARE ANSWERED FRAUDULENTLY OR IN SUCH A WAY AS TO CONCEAL OR MISREPRESENT ANY MATERIAL FACT OR THE SUBJECT THEREOF, THE ENTIRE POLICY SHALL BE VOID.

I, THE INSURED, HEREBY WARRANT AND CERTIFY BY MY SIGNATURE HEREIN THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

PRINT NAME OF INSURED

GUARDIAN CLAIMS OFFICES' LOCATIONS:

ST. THOMAS: 9716 ESTATE THOMAS (HAVENSIGHT)
TEL: 340.776.8050
FAX: 340.774.2343

ST. CROIX: 123 MOUNT WELCOME (ABC BLDG.)
TEL: 340.719.2375
FAX: 340.719.2377

THANK YOU FOR SUBMITTING YOUR LOSS NOTICE

UPON CONFIRMATION OF COVERAGE, OUR STAFF AND ASSIGNED ADJUSTERS WILL BE IN TOUCH WITH YOU TO BEGIN THE PROCESSING OF YOUR CLAIM.