

PREFERRED MUTUAL INSURANCE COMPANY

One Preferred Way, New Berlin, New York 13411
(607) 847-6161 FAX (607) 847-6616

POLICYHOLDER'S NOTICE OF THEFT

Claim Number: _____

Name _____	Name _____
Phone _____	Phone _____
Occupation _____	Occupation _____

Have you had a prior, theft, holdup, or burglary claim? If yes, Insurance company who insured PRIOR LOSS
yes no _____

Describe prior loss: _____

_____ Amount paid: _____

If you have any other theft, holdup, or all-risk Insurance, please give details: _____

Date of Loss: _____ Police Dept. Notified (REQUIRED)? Date Reported to Police: _____
yes no

Police Department Name/Location: _____

Case # and Investigating Officer _____ Place where loss occurred: _____

Describe What Happened: _____

Any suspects? Explain _____

Describe damage to premises: _____

_____ Estimated \$ amount _____

List Stolen Items On Back

