

Agent's Memo of Loss Business Name: _____ Insured Name: _____ Property Address: Mailing Address: Home Phone: Cell Phone: _____ Type of Loss: _____ Loss estimate: Brief description of damaged and property involved: Other insurance: (list agency, policy no., company, amount) If emergency handling is requested, explain hardship:

Once you have completed this form, please fax to (239) 403-3943 or e-mail to info@gcimail.com