Catholic Mutual Group
Loss Reported by Phone/Mail – Property Losses

Clear Form

Loss Code: _____

Claim No: _____ Date Reported: _____
Ledger Page No: _____ Diocese/Separate: _____

Person Reporting Loss: _____ Location Contact: _____
Parish/Institution: _____ Other Contact: _____
Street Address: _____ Phone No: _____
Mailing Address: _____ Phone No: _____
City/State: _____ Zip Code: _____ Email: _____
Loss Location Address (if different): _____

Peril/Description of Loss:

If Theft Loss – Police Report No.: _____
Building(s) Damaged: _____
Contents Damaged: Yes ◯ No ◯ Textiles Damaged: Yes ◯ No ◯
Date of Loss: _____ Time: _____ Dio. Loss Res.: _____ CMG Loss Res.: _____
Dio. Exp. Res.: _____ CMG Exp Res.: _____
Coverage RC: _____ ACV: _____ VAG AMT: _____ Subro.: Yes ◯ No ◯ TBD: ◯
SMP: _____ Effective Dates: _____ Ded.: _____ Retention: _____

Buildings Damaged

Item #	Building	LP Limit	Item #	Building	LP Limit

Other Coverages: Ordinance & Law: _____ Loss of Income/Extra Expense: _____ PPF: _____ CAP Limit: _____

HO Office Supervisor: _____ CRM/Service Office Adj.: _____

Assignment-Independent Adjusting Firm

Company: _____ Phone No.: _____
Street Address: _____ Cell No.: _____
City/State: _____ Zip Code: _____ Email: _____
Adjuster: _____ Fax No.: _____

Other Comments/Instructions: