

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 OF 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.