KANSAS INSURANCE LOSS REPORT

Office of the State Fire Marshal
800 S. W. Jackson, Suite 104
Topeka, KS 66612-1216
KILRS@KS.GOV

FDID	Fire Department	County	Date of This Report

INSURED

1. Name (Last, First, Middle Initial)	Maiden/Also Known As	Age	Sex
2. Spouse (Last, First, Middle Initial)	Maiden/Also Known As	Age	Sex
3. Current Address Street	City, State		Zip
4. Previous Address Street	City, State		Zip

LOCATION OF LOSS

5. Street (print "Same" if insured's current address)	Apt. #	Month Day Year
6. City State	Zip	Time of Loss

INSURED BY (Report ONLY those items involved and omit cents)

7. Company	Policy No.	Claim No.

	Building	Contents	Stock	Use & Occupancy	Other/Scheduled
8. Amount of Policy					
9. Total Insurance					
10. Replacement Cost Value					
11. Actual Cash Value					
12. Estimated Loss					

LOSS INFORMATION (Check applicable boxes)

13. Known Cause of Loss/Fire

Did Fire Department respond?

Animal ☐ Appliance ☐ Arson ☐ Child Playing ☐ Cooking ☐ Electrical ☐ Equipment Malfunction ☐

Fireworks ☐ Heating ☐ Lightning ☐ Other Natural ☐ Uncontrolled Outdoor Fire ☐ Smoking ☐ Storage of Flammable Materials ☐

Welding/Cutting ☐ Undetermined ☐ 13B Cause Description:

14. Type of Property Dwelling ☐ Multi-Dwelling ☐ Commercial ☐ Industrial ☐ Vehicle ☐ Cropland ☐ Other (Specify) ☐

15. Check if Vacant ☐ Check if under construction ☐ # of Insured's fire losses last 5 years | Type of Business (See Codes)

VEHICLE INFORMATION

15A Type of Vehicle	Year	Make	Model	Identification Number	License No.

CROPLAND INFORMATION

15B Type of Crop	Acres/Bales Lost (If bales, provide size or weight of bale)

OTHER PARTIES TO THE LOSS If a business, please enter full name of business

Enter applicable code 1-Partner 2-Agent 3-Attorney 4-Corporate Officer 5-Second Mortgages 6-Public Adjuster 8-Tenant 9-Occupant 10-First Mortgage 11-Other

16. Name (Last, First, Middle Initial)		Also Known As	
17. Street	Apt #	City, State	Zip
18. Name (Last, First, Middle Initial)		Also Known As	
19. Street	Apt #	City, State	Zip

ADJUSTER

Company or Adjusting Firm

Street or PO Box #

City State Zip

Area Code Telephone Number Name of Adjuster

I certify that I provided the above information and to the best of my knowledge, information and believe, all of such information is accurate.

Adjuster's Signature Date of This Report