

KANSAS INSURANCE LOSS REPORT

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

KILRS@KSFM.KS.GOV

PAGE NUMBER

FDID	Fire Department	County	Date of This Report
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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.			
8. Amount of Policy	Building	Contents	Stock	Use & Occupancy	Other/Scheduled
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 Animal <input type="checkbox"/> Appliance <input type="checkbox"/> Arson <input type="checkbox"/> Child Playing <input type="checkbox"/> Cooking <input type="checkbox"/> Electrical <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Fireworks <input type="checkbox"/> Heating <input type="checkbox"/> Lightning <input type="checkbox"/> Other Natural <input type="checkbox"/> Uncontrolled Outdoor Fire <input type="checkbox"/> Smoking <input type="checkbox"/> Storage of Flammable Materials <input type="checkbox"/> Welding/Cutting <input type="checkbox"/> Undetermined <input type="checkbox"/> 13B Cause Description:	Did Fire Department respond?
14. Type of Property Dwelling <input type="checkbox"/> Multi-Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Vehicle <input type="checkbox"/> Cropland <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	
15. Check if Vacant <input type="checkbox"/> Check if under construction <input type="checkbox"/> # 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.
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CROPLAND INFORMATION

15B Type of Crop	Acres/Bales Lost (If bales, provide size or weight of bale)
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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	I certify that I provided the above information and to the best of my knowledge, information and believe, all of such information is accurate.
Street or PO Box #	
City State Zip	
Area Code Telephone Number Name of Adjuster	
Adjuster's Signature Date of This Report	