

CLAIMS REPORTING FORM / LOSS NOTICE

Texas Windstorm Insurance Association

P.O. Box 99090 Austin, Texas 78709-9090

Policy Number: _____

Policy Period: _____
12:01 A.M. Standard Time at the property location

Name of Insured and Mailing Address:

Name of Agent and Mailing Address:

DATE (MM/DD/YY)	TIME OF LOSS <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION OF LOSS (Including City)	
			KIND OF LOSS (Circle One) WIND HAIL OTHER:	ITEM NO.
DESCRIPTION OF LOSS & DAMAGE (Use reverse side if necessary)				
OTHER INSURANCE (List carrier, policy numbers, coverages, policy amounts)			CONTACT PERSON & TELEPHONE	
FLOOD INSURANCE CARRIER (List carrier, policy numbers, coverages, policy amounts or circle NONE) NONE			CONTACT PERSON & TELEPHONE	
REMARKS				
REPORTED BY	DATE REPORTED	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED	

*** IN THE EVENT OF A LOSS, COMPLETE AND RETURN THIS PAGE ONLY. ***