



## Hurricane Claim Reporting Form Commercial Lines

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### HURRICANE CLAIM REPORT:

#### Loss Notice

Please provide the following information and email the completed form to [claimreporting@mma-fl.com](mailto:claimreporting@mma-fl.com):

Select an office to send to

Type of Loss

### INCIDENT DETAILS:

Date of Loss

Time of Loss

HH

MM

AM/PM

Location

Description



**Authority Contacted**

**Report Number**

**Violation/Citation**

**INSURED:**

**Name**

**Address**

Street Address

City

State

Zip

**Report's Name**

**Work Phone**

**Home Phone**

**Fax**



**MARSH & MCLENNAN  
AGENCY**

**Email\***

**Policy Number**

Submission of a loss notice does not represent, assure or guarantee that coverage will be provided by your insurance program. If further information is required, you will be contacted by either a representative of Marsh & McLennan Agency or your insurance company.

Any person who knowingly, and with the intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is: guilty of a felony and/or subject to criminal prosecution, civil penalties; punishable by imprisonment or fines.