**PROPERTY FIRST NOTICE OF LOSS FORM**

**SEND TO: Alliant Insurance Services, Inc.**

**BY MAIL: 100 Pine Street, 11th Floor, San Francisco, CA 94111**

**BY FAX: (415) 403-1466**

**BY EMAIL:** **rfrey@alliant.com** **AND** **dwalizada@alliant.com**

**Copy APIP Claims Administrator:** **sandra.doig@mclarens.com**  **and your Alliant representative**

**Today’s Date:**

**Type of Claim: (check all that apply)**

|  |  |
| --- | --- |
|  **Real Property**  |  **Vehicles**  |
|  **Personal Property**  |  **Other**  |

 **Insured’s Name & Contact Information**

**Insured’s Name:**  **Point of Contact:**

**Address:**

**Phone #: Email Address:**

**Broker/Agent’s Name & Contact Information**

**Company Name: Alliant Insurance Services - Claims Point of Contact: Robert A. Frey & Diana L. Walizada**

**Address: 100 Pine Street, 11th Floor, San Francisco, CA 94111**

**Phone #: 1-877-725-7695 Fax #: 415-403-1466**

**Policy Information**

**Reference Number: APIP 2020 (Dec 11) Policy Period:** July 1, 2020 to July 1, 2021

**Limits of Liability: $100M per agg Self-Insured Retention/Deductible: See below**

**Loss Information** Property: $10,000, except PSAT at $50,000

 Vehicles: $5,000, except SunLine at various

**Date of Incident/Claim: Location:**

**Description of Loss:**

**Please list all attached or enclosed documentation: [ ] (check if none provided)**

**Name of Person Completing This Form: Signature:**