



Farmers Mutual Insurance Company of Western Pennsylvania

Also known as Farmers Mutual Fire Insurance Company of McCandless Township

Servicing the residents of Pennsylvania since 1876

Agent Name:	
Date & Time of Loss:	
Date Form Completed:	
Insured Name:	
Address:	
City:	
State/Zip:	
Phone (Home/Cell):	
Phone (Work):	
Contact Person:	
Best Time to Contact:	
Policy Holder Number:	
Location of Loss:	
Reported to Police or Fire Dept.:	
If yes, what agency responded:	
Type of Loss:	
Describe the loss:	
Mortgagee on property where loss occurred:	

Policy Deductible:	
Other Insurance covering this property?	
Remarks:	
Reported by:	
Reported to:	
Your Phone Number:	
Relation to Insured:	

Disclaimer: This claim will be reviewed and contact will be made as soon as possible on the next regular business day following receipt of this notice. We may not receive this promptly if the report is being completed after office hours or on weekends. This reporting capability is solely for the convenience of filing a claim after hours or when it is not feasible to contact your agent during normal business hours.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, is subject to criminal prosecution and civil penalties.

I hereby certify that I have the authority to make this request by being the insured or a representative of the insured