

GULF INSURANCE CATASTROPHE LOSS REPORT

NOTICE OF LOSS

1. Name of Insured: _____

2. Address: _____

3. Date of Loss: _____

4. Location of Loss: (*if different from address*) _____

5. Type of coverage: (*i.e. Property or Motor*) _____

6. Policy Number: _____ Email: _____

7. Contact Name & Number: _____

8. Please be advised that I/we have sustained damages as a result of volcano 'La Soufriere'

9. Description of loss suffered and my preliminary estimate: _____

Signature: _____

Date: _____