



# Michael A. Mentuck & Associates, Inc.

Salvors • Appraisers • Consultants • Commission Merchants • Licensed Auctioneers

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## Loss Information

OPEN DATE \_\_\_\_\_  
OUR FILE NO. \_\_\_\_\_  
FILE NAME \_\_\_\_\_

ADJUST. FIRM \_\_\_\_\_  
CONTACT \_\_\_\_\_  
ADJ. FILE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_  
CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
POLICY NO. \_\_\_\_\_  
ADDRESS 1 \_\_\_\_\_  
ADJ. LAST NAME \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

DATE OF LOSS \_\_\_\_\_  
INSURED \_\_\_\_\_  
CONTACT \_\_\_\_\_  
BUSINESS HOURS \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

DESCRIPTION \_\_\_\_\_  
EST. VALUE \_\_\_\_\_  
LOCATED AT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
CONTACT \_\_\_\_\_  
DAMAGE \_\_\_\_\_  
PAYEE \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

DIRECTIONS, NOTES, ETC.