

Property Loss Fire Report

Michigan Department of Licensing and Regulatory Affairs

Bureau of Fire Services

PO Box 30700

Lansing MI 48909

Authority 2016 PA 511

I hereby report to the above name Fire/Law Enforcement Authority that the following Property was burned.

DATE	TIME	LOCATION (Street Address)	CITY/TOWNSHIP	COUNTY
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Owner Information/Copy of Photo ID

OWNER'S NAME (Last, First, Middle)			STREET ADDRESS	
CITY	STATE	ZIP CODE	LAST 4 DIGITS SOCIAL SECURITY NUMBER	DATE OF BIRTH
TELEPHONE NUMBER (Including Area Code)	BUSINESS TELEPHONE NUMBER (Include Area Code)		DRIVER'S LICENSE NUMBER/Photo ID	EXPIRATION DATE

Renter Information/Copy of Photo ID

RENTER'S NAME		STREET		
CITY	STATE	ZIP CODE	LAST 4 DIGITS OF SSN	
DOB	DRIVER LICENSE NUMBER	TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	
MORTGAGE COMPANY	TOTAL PAYMENT /RENT			
MONTHLY PAYMENT/ RENT		HOW LONG AS A TENNANT		

Insurance Company/Mortgage Information

INSURANCE COMPANY	HOW LONG	COVERAGE <input type="checkbox"/> BLDG <input type="checkbox"/> Renters <input type="checkbox"/> Other	PREVIOUS INSURANCE COMPANY	
AGENT	CITY	DATE	ANNUAL COST OF INSURANCE	
MORTGAGE COMPANY.	STREET ADDRESS	CITY	STATE	ZIP CODE
MONTHLY MORTGAGE PAYMENT \$	DATE OF LAST PAYMENT	CURRENT BALANCE \$		

Building Security

WAS PROPERTY LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY HIDDEN KEYS <input type="checkbox"/> YES <input type="checkbox"/> NO	ALARM SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ON <input type="checkbox"/> OFF	ALARM COMPANY NAME	SECURITY GUARD <input type="checkbox"/> YES <input type="checkbox"/> NO	GUARD COMPANY NAME
FIRE SUPPRESSION SYSTEMS? (Fire sprinklers, fire extinguishers, special extinguishing systems)					
HOW MANY SETS OF KEYS	WHERE WERE KEYS AT TIME OF LOSS	WHERE ARE KEYS NOW			

Additional Residents

NAME	SEX M F	DOB	NAME	SEX M F	DOB
NAME	SEX M F	DOB	NAME	SEX M F	DOB
NAME	SEX M F	DOB	NAME	SEX M F	DOB

Incident Details

WHEN WAS BLDG. LAST OCCUPIED	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	BY WHOM		
WHEN DID YOU DISCOVER PROPERTY WAS BURNED	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	ACTION TAKEN WHEN FIRE WAS DISCOVERED		
WHO DISCOVERED THE FIRE	NAME		ADDRESS	TELEPHONE	
HAVE YOU HAD ANY PREVIOUS INSURANCE CLAIMS FOR FIRE?	IF YES, WHEN		TYPE OF CLAIM: BUILDING CONTENTS TENANTS CONTENTS		
INSURANCE COMPANY					

NARRATIVE:

HOW DO YOU THINK THE FIRE STARTED?

IF THIS FIRE IS DEEMED AN ARSON, DO YOU HAVE ANY IDEA WHO SET THIS FIRE?

DID YOU SET THIS FIRE?

Certification and Signature

I hereby certify the information I have provided herein is truthful and correct.

SIGNATURE OF INSURED	DATE
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