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P.O. BOX 1328
WATERLOO, IA 50704
PHONE: 844-898-2321
FAX: 855-313-6925

PROPERTY LOSS FORM

Please complete this form when reporting a claim or a possible claim. We will contact you for additional details. Claims can also be filed electronically using the "Report a Claim" feature on our website vgminsurance.com.

Insured Name _____ Policy Number _____

Date of Accident _____ Time _____

Contact Name _____

Contact Email _____ Phone _____

Insured's Physical Address _____

Insured's City _____ State _____ ZIP _____

- Kind of Loss:
- Fire
 - Wind
 - Theft
 - Water
 - Lightning
 - Hail
 - Other _____

Description of Loss and Damage:

Reported by: _____ Date: _____

Upon receipt, VGM Insurance Services will contact the appropriate carrier with these details and provide you with a claim number and adjuster information. Do not hesitate to contact us with questions.

IMPORTANT NOTE

Please do not divulge any of this information to any party except VGM Insurance. Direct any inquiries from claimant, lawyers, manufacturers, etc. to our office.

Submit to: VGM Insurance Claims
Fax: 855-313-6925 or
Email: claims@vgminsurance.com