KEMPER Life

CLAIM REPORT

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Temporary Address - If Applicable (Street Address, City, State, and Zip)	
Insured's Email:	Alternate Phone Number
Mailing Address for Claim Check (Street Address, City, State, and Zip)	

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W Œ • } v Z ‰ } Œ Ÿ v P > } • •	☐ Fire † Lightning † Hail ☐ Smoke † Tornado † Burglary ☐ Windstorm † Vehicle † Water/Flood † Other:_____	
To Whom Reported	Ž W } o] Ç E µ u Plac Œ	Coverage Amt
Agent Name		Contact Number

Are there any other Fire Policies or other insurance for the Described] Œ } Œ W } o] † Yes š X † No o o M
o } Ÿ } v † Yes † No If yes, Policy #: Date report ordered:_____

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Total Loss † Yes † No	Date Scanned
Claim Inspected By	
Manager's Signature	
District	Agency

fact material thereto commits a fraudulent insurance act, which is a crime.

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