

Insurance Company name						
Date of Fire Loss			Time of Fire Loss			
Insured						
Name of Business (if applicable)						
Full Name						
Address			City		State	ZIP Code
Location Of Loss						
Address		City		State	ZIP Code	
Loss Information						
	Building	Contents	Vehicle	Crop	Other (specify)	
Amount of Policy						
Estimated Loss						
Amount Paid						
Fire Information						
Cause of Fires			Property Description			
Other Information						
Number of Non Firefighter Fatalities			Number of Firefighter Fatalities			
Number of Non Firefighters Injured			Number of Firefighters Injured			
Adjuster Informat	ion					
Company or Adjusting	Firm			Telephone Number		
Name of Adjuster						
Address			City		State	ZIP Code

Mail to: State Fire Marshal 1720 Burlington Drive, Suite B Bismarck, ND 58504 Email Address: infofm@nd.gov