



STATE OF DELAWARE  
OFFICE OF THE STATE FIRE MARSHAL

GROVER P. INGLE  
STATE FIRE MARSHAL

DOVER OFFICE  
HEADQUARTERS

**Insurance Loss Notification**

Loss Location: \_\_\_\_\_ City: \_\_\_\_\_

Insured Name(s): \_\_\_\_\_  
\_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Loss Amount – Structure: \$ \_\_\_\_\_ Policy Amount: \$ \_\_\_\_\_

Loss Amount – Contents: \$ \_\_\_\_\_ Policy Amount: \$ \_\_\_\_\_

Loss Amount – Other: \$ \_\_\_\_\_ Policy Amount: \$ \_\_\_\_\_

Facts of Loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurer: \_\_\_\_\_

Insurer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurer Claim #: \_\_\_\_\_

Claim Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**16 Del. C. §6613(a). Reports from Insurance Companies**

*Each fire insurance company or association doing business in this State shall, within 30 days after the adjustment of any loss sustained by it, report to the State Fire Marshal, upon forms furnished by it, such information regarding the amount of insurance, the value of the property insured and the amount of claim as adjusted, as in the judgment of the State Fire Marshal it is necessary for the State Fire Marshal to know. This report shall be in addition to any such information required by the Insurance Commissioner.*

**Send completed forms to:**

Office of the State Fire Marshal - 1537 Chestnut Grove Road - Dover, DE 19904-1544

Or email to [Fire.Marsh@State.DE.US](mailto:Fire.Marsh@State.DE.US)