



STATE OF DELAWARE
OFFICE OF THE STATE FIRE MARSHAL

JOHN W. RUDD
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.Marshall@State.DE.US