

Kim Reynolds
Governor
Chris Cournoyer
Lt. Governor



Department of Public Safety

Stephan K. Bayens
Commissioner

NOTICE OF FIRE

INSURER PREPARES WHEN FIRE IS BELIEVED TO BE CAUSED BY OTHER THAN ACCIDENTAL MEANS. THE ENVELOPE CONTAINING THIS REPORT MUST BE MARKED CONFIDENTIAL

Date _____

Confidential

The information submitted herein is confidential. Pursuant to 100A.2: THE OFFICIALS AND DEPARTMENTAL AND AGENCY PERSONNEL RECEIVING ANY INFORMATION FURNISHED PURSUANT TO THIS SECTION SHALL HOLD THE INFORMATION IN CONFIDENCE UNTIL SUCH TIME AS ITS RELEASE IS REQUIRED PURSUANT TO A CRIMINAL OR CIVIL PROCEEDING.

To **From Person Submitting Form**

Title

Mailing Address

Claim No. _____ **Tele. No.** _____

Insureds Name:

Date and Time of Fire: _____

Address of Fire:

County: _____

Insurance Company Name:

Policy No.

Policy Term Dates:

Agent's Name:

Address:

Insured's Mailing Address:

Telephone No.

Mortgage or Loss Payee's Name

Address:

Other Persons with Interest in Property or Policy:

Address: _____

Suspected Origin and/or Cause of Fire:

Other Insurance on Property, If any:

This Policy Insures:

ITEM (Check box)

Policy Amount

_____**BUILDING**

\$ _____

_____**CONTENTS**

\$ _____

_____**OTHER (Specify)**

\$ _____

RELEASE OF FACTUAL INFORMATION

Insured's Name:

Date and Time of Fire:

Address of Fire:

County:

Incident of Case No.

Claim No.

To/Person to Receive Form
Address:

From:

Title:

Title:

Insurance Company Name:

Policy No.

Policy Term Dates:

Agent's Name:

Address:

Pursuant to 100A.2, request is being made for your investigation file on the above Case/Incident Number as of this date. Also requested are copies of any factual reports which would be included as of this date. Also requested are copies of any factual reports which would be included in the case file on a continuing investigation basis.

The information being requested pursuant to this act will be held in confidence until such time as its release is required in a criminal or civil proceeding.

Release Information to:

Signature of requesting investigator

Name of requesting investigator

Telephone No. _____

Insurance company requesting information

Original: To Agency

Copy: To File

Address

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