



333 Earle Ovington Boulevard, Suite 505  
Uniondale NY, 11553-3624  
Phone: (877) WRMA111  
Fax: (516) 222-5392  
wrmamerica.com  
[wрмаclaims@wrightrisk.com](mailto:wрмаclaims@wrightrisk.com)

**INLAND MARINE NOTICE OF LOSS**

Date: \_\_\_\_\_

Policy #: \_\_\_\_\_ Date of loss: \_\_\_\_\_

Insured: \_\_\_\_\_

Time of Loss: \_\_\_\_\_ Reported to Police: Yes ( ) No ( )

Police Station: \_\_\_\_\_ Police Complaint #: \_\_\_\_\_

Location: \_\_\_\_\_

Description of occurrence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u># of Articles</u>	<u>Description of Article</u>	<u>Date Purchased</u>	<u>Purchase Price</u>	<u>Replacement Cost</u>
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Note: Submission should include copy of replacement invoice and or original purchase invoice.

NOTE: Please submit to [WRMACLAIMS@wrightrisk.com](mailto:wрмаclaims@wrightrisk.com) or FAX: (516) 222-5392