



Triangle Insurance Company
Claims Department
P.O. Box 1189 (866) 894-5020 Claims
Enid, OK 73702 (580) 233-6037 FAX

Tri-Cot Initial Loss Report Form

PLEASE FILL OUT COMPLETELY

Date of Report: _____ Date of Loss: _____

Cotton Policy Number: _____

Name of Gin: _____

Address: _____

Telephone # _____

Fax #: _____

Producer's Name: _____

Farm Number: _____

Location of Loss (please be specific): _____

Type of Loss: Fire Wind Theft
 Basket Module Baled Trailer Boll Buggy
 Field Gin Yard Cargo

Salvage: Yes No

Approximately how many bales were lost? _____

Name of person who reported the loss: _____

Claim was reported to: _____

CLAIMS MUST BE REPORTED TO US WITHIN
72 HOURS
OF THE OCCURRENCE