

# Make A Claim



POLICY NO. \_\_\_\_\_ CLAIM NO. \_\_\_\_\_

NAME OF INSURED \_\_\_\_\_

ADDRESS \_\_\_\_\_ RESIDENCE NO. \_\_\_\_\_

\_\_\_\_\_ BUSINESS NO. \_\_\_\_\_

DATE OF LOSS (YR/MO/DAY) \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

WHERE DID LOSS OR DAMAGE OCCUR? \_\_\_\_\_  
(full details)

\_\_\_\_\_

\_\_\_\_\_

HOW WAS THE LOSS OR DAMAGE CAUSED? \_\_\_\_\_  
(full details)

\_\_\_\_\_

\_\_\_\_\_

IF THE PROPERTY WAS STOLEN, GIVE THE DATE AND POLICE DETACHMENT/OFFICE NOTIFIED \_\_\_\_\_ CASE NO. \_\_\_\_\_

ARE YOU THE SOLE OWNER OF THE LOST OR DAMAGED PROPERTY?  YES  NO

OCCUPATION  
ARE ANY OF THE LOST OR DAMAGED ARTICLES USED IN THE COURSE OF YOUR WORK? \_\_\_\_\_

DESCRIBE ARTICLES LOST OR DAMAGED. (MAKE, MODEL, SERIAL NO.) ATTACH PROOF OF OWNERSHIP	WHEN & WHERE PURCHASED	PRICE PAID	COST TO REPLACE	DEPRECIATION	SUM CLAIMED	FOR OFFICE USE ONLY

This is not an authorization for repair or replacement of items described

\*NOTE: PLEASE RETURN ORIGINAL FORM TO CLAIMS DEPT.

TOTAL \_\_\_\_\_

DEDUCTIBLE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF INSURED

\_\_\_\_\_  
DATE

NET CLAIM \_\_\_\_\_