

CLAIM NOTIFICATION FORM

Today's Date:
Agency Name:
Producer Name:
Producer Phone:
Producer Email:
Full Name of Insured:
Policy Number:
Covered Location Street Address:
City, State, Zip:
Insured Contact:
Contact Business Phone:
Contact Cell Phone:
Contact Email Address:
Is Contact Proficient in English? ☐ Yes ☐ No (Preferred Language:)
Date of Loss:
Date Reported to Agency:
Type of Claim: 🗖 Property 🗖 General Liability 🚨 Liquor Liability
Description of Loss (include claimant name and phone if known):