

**LOSS DATE:** \_\_\_\_\_ **CARRIER:** \_\_\_\_\_ **POLICY NO.:** \_\_\_\_\_

**BROKER INFORMATION: Who is REPORTING the claim?**

**AGENCY NAME:** \_\_\_\_\_ **CONTACT NAME:** \_\_\_\_\_  
**PHONE:** ( ) \_\_\_\_\_ **FAX** ( ) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
**WHO REPORTED THE CLAIM TO YOU? NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**INSURED INFORMATION: Who is MAKING the claim?**

**INSURED NAME:** \_\_\_\_\_ **CONTACT NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** ( ) \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**LOSS INFORMATION: Tell us about the LOSS.**

**Location of Loss:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**DESCRIBE THE INCIDENT / LOSS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HAVE YOU BEEN SERVED WITH A LAWSUIT? YES \_\_\_ NO \_\_\_ If so, Date of service on you:** \_\_\_\_\_

**PLEASE ATTACH A COPY OF ALL LEGAL PAPERS SERVED ON YOU!!!**

**Police report: YES \_\_\_ NO \_\_\_ Report Number:** \_\_\_\_\_ **Police Dept.:** \_\_\_\_\_

**IDENTIFICATION OF PARTIES INVOLVED IN LOSS:**

**NAME OF CLAIMANT:** \_\_\_\_\_ **Telephone** ( ) \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**DESCRIBE INJURY:** \_\_\_\_\_

**Insurance Carrier for Claimant:** \_\_\_\_\_ **Policy No.:** \_\_\_\_\_

**WITNESS NAME:** \_\_\_\_\_ **Telephone** ( ) \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**FOR ADDITIONAL CLAIMANTS OR WITNESSES, ATTACH ANOTHER OF THESE FORMS!**

**FOR CALIFORNIA CLAIMS**

**FOR YOUR PROTECTION, CALIFORNIA LAW (INSURANCE CODE SECTION 1871.2) REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON. EVERY PERSON WHO VIOLATES ANY PROVISION OF INSURANCE CODE SECTION 1871.4 (a) IS PUNISHABLE UP TO FIVE YEARS IN THE STATE PRISON OR BY A FINE NOT EXCEEDING \$50,000 OR BY BOTH.**

**FOR ARIZONA CLAIMS**

**FOR YOUR PROTECTION, ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**