



MULTI PURPOSE CLAIM FORM

CLIENT No. _____

AGENCY No. _____

CLIENT No.	POLICY No.	DUE DATE	TYPE OF CLAIM	CLAIM No.

ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF THE COMPANY'S LIABILITY

NAME: _____			
ADDRESS: _____			
PHONE:	BUSINESS	PRIVATE	FACSIMILE

DATE OF LOSS, DAMAGE OR OCCURRENCE:	TIME:
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PLACE, AND/OR PREMISES WHERE IT OCCURRED:

PLEASE STATE FULL PARTICULARS HOW LOSS, DAMAGE, OR ACCIDENT OCCURRED, WHEN DISCOVERED, NATURE OF DAMAGE OR INJURY:

PLEASE INDICATE NAME AND ADDRESS OF PERSON RESPONSIBLE FOR DAMAGE:

ARE YOU THE OWNER OF THE PROPERTY LOST OR DAMAGED? (YES/NO) IF NOT, PLEASE STATE PARTICULARS :

DO YOU HOLD ANY OTHER INSURANCE UNDER WHICH A CLAIM FOR THIS LOSS, DAMAGE, OR ACCIDENT MAY BE MADE? (YES/NO) IF SO PLEASE STATE FULL DETAILS:

DESCRIPTION OF PROPERTY LOST OR DAMAGED (PLEASE STATE EACH ARTICLE SEPARATELY)	DATE PURCHASED	PRESENT COST OF REPLACEMENT	DEPRECIATION FOR AGE AND CONDITION	VALUE OF SALVAGE (IF ANY)	AMOUNT OF CLAIM
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

