



Claim Form

To expedite the claim process please complete this form in its entirety.

POLICY INFORMATION

Policy Number:			
Today's Date:			
Date of Loss:			

INSURED INFORMATION

Insured Contact Name:			
Insured Contact Email:			
Insured Contact Phone:			
Insured Current Address:			

DESCRIPTION OF LOSS

Location of Occurrence (City & State):			
Nature of Claim:	Property Damage	<input type="checkbox"/>	Bodily Injury
Description of Occurrence:			
Scope of Work:			
Date Work Started:			
Date Work Completed:			
Insured Contractor License Number:			

CLAIMANT INFORMATION

Claimant Name:			
Claimant Email:			
Claimant Phone:			
Claimant Address:			

CLAIM SUBMITTED BY

Claim Reported By:			
Relationship to Claim?			
Claim Reporting Contact Email:			

Form Submitted By: _____ (Printed Name) _____ (Signature)

INSURANCE FRAUD IS ILLEGAL Any person or entity who knowingly and with the intent to defraud an insurer submits an application of insurance or files a statement of claim with a third party administrator containing any false, fraudulent, deceptive, incomplete or misleading information, may be subject to civil penalties and criminal prosecution for insurance fraud.