

Claim Information Sheet

Name of Department or Organization: _____

Address of damaged property or item: _____

City: _____, St.: _____ Zip: _____

Person filing claim: _____

Contact of person filing claim:

Daytime Phone #: _____

Cell Phone #: _____

Email: _____

Date and Time of Claim: _____

Brief Description of what happened: _____

This form is not the only information needed. This will be the first report form and other forms will be needed to file claim.

Fax claim form to: 256-396-5241 or to your current agent.