

B.E.D. PROPERTY/CASUALTY LOSS FORM:

FOR RISK MANAGEMENT USE ONLY:

1A. CLAIM NUMBER: _____

1B. DATE RECEIVED: _____

TIME RECEIVED: _____

2. DATE OF LOSS/ACCIDENT: _____

TIME OF LOSS/ACCIDENT: _____

3. LOSS TYPE:

Automobile _____

Property _____

Bodily Injury _____

Other _____

Vehicle/Plate # _____

Year/Make/Model _____

VIN # _____

4. YOUR INFORMATION:

Name _____

Company _____

Address _____

Telephone _____

(H)

(W) _____

Fax _____

E-Mail Address _____

5. YOUR INSURANCE:

Company _____

Contact _____

Policy Number _____

Address _____

Telephone _____

Fax _____

E-Mail Address _____

6. DESCRIPTION OF EVENT:

Location/Address: _____

Description: _____

7. SIGNATURE: _____

DATE COMPLETED _____

