



# Property Claim Page for Prime Meridian Clients only

Please complete as much information as possible and submit immediately. One of our account specialists will contact you if additional information is needed. Please fax any legal notices to 630-587-9826.

Insured's Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Insured's Phone: \_\_\_\_\_ Insured's Email address: \_\_\_\_\_

## LOSS/DAMAGE INFORMATION

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Description of Loss / Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

E-mail Address : \_\_\_\_\_ Zip code: \_\_\_\_\_

Was this claim reported to the police or fire department?  Yes  No

If yes, which police or fire department was the claim reported to?  Yes  No

What is the report/case number? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: Please promptly forward any legal notices from claimants.