



Property Claim Page for Prime Meridian Clients only

Please complete as much information as possible in this form and fax it back to us. Please include any legal notices associated with this request (630-587-9826). One of our account specialists will contact you if additional information is needed.

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.