

# CLAIMS

**Please complete below and fax to 732-574-8001 or e-mail to [jdm@insctrs.com](mailto:jdm@insctrs.com)**

1. Report all claims as soon as possible, even if there is no injury or damage. You must report all claims for record purposes.
2. If there is a serious claim, such as large fire, serious injury, fatality, or chemical spill; please, contact our office immediately. If we are not available, other than normal business hours, contact the insurance company directly. You can find their information on our website: [www.insctrs.com/insurance\\_claims.html](http://www.insctrs.com/insurance_claims.html).
3. All Workers Comp claims must be reported within 3 days of accident. (Proper state forms must be completed.)
4. Lawsuits must be sent to the insurance company (via the agent) within 7 days from date served.

**TYPE OF CLAIM:**

- |                                  |   |   |
|----------------------------------|---|---|
| <input type="radio"/> Fire       | <input type="radio"/> Motor Truck Cargo | <input type="radio"/> Workers Comp (you must complete state form) |
| <input type="radio"/> Liability  | <input type="radio"/> Ocean Cargo       | <input type="radio"/> Other _____                                 |
| <input type="radio"/> Auto/Truck | <input type="radio"/> Warehouse Legal   |   |

Named Insured: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Time to Call: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Loss: \_\_\_\_\_

Location of Claim:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Description of claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle (if auto): Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

VIN # \_\_\_\_\_

Driver's Name (if auto) \_\_\_\_\_

Was the police called?  No  Yes If yes, provide case number \_\_\_\_\_

Name of Police Dept. \_\_\_\_\_

Third Party Information (vehicle, address, injury, insurance carrier): \_\_\_\_\_  
\_\_\_\_\_