



CLAIMS FORM - NOTICE OF LOSS

Save and Email to: groupclaims@worthavegroup.com

School Name
 Policy Holder/Student
 Shipping Address
 City/ State/ Zip
 Policy Number
 Coverage/ Deductible
 Contact Person
 Contact Email
 Contact Phone

Type of Loss

Accidental Damage
 Theft
 Vandalism
 Power Surge by Lightning
 Fire/Flood/Natural Disaster
 Other
 I NEED A BOX
 I DO NOT NEED A BOX

Shipping Materials

Date of Incident
 Make/ Model
 Serial Number

Describe in Detail the Circumstances of the Incident

Known Damage to the Unit

Billing/Pymnt. Remit Name
 Billing/ Pymnt. Remit Email
 Mailing Address
 City/State/Zip

Please Note: Claim checks are issued to the name and address entered in these fields. Please make sure they are properly filled out to avoid the reissuing of this claim check.

SWORN STATEMENT

I affirm that the above information is true and correct to the best of my knowledge.

We must advise you that any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime

Type Name Below

Date Below

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