

Name of Insurance Company _____

Name of Adjustor _____

Address of Adjustor _____

Phone # of Adjustor _____

Fax# of Adjustor _____

Email of Adjustor _____

Address of where to send claims _____

Preferred method of sending claims _____

Claim # _____

Amount of Medical Coverage _____

Other coverage \$ such as underinsured or uninsured? _____