

In order to properly dispatch your claim to the appropriate insurer(s), we will need the following claim information completed.

Although it is not necessary to have these items to submit a claim, you may also want to include, or begin retrieving:

1. Copy of lawsuit/complaint (if applicable)
2. Copies of all correspondence, contracts, work/purchase orders, change orders, notice of completion, etc., which might assist the claim's agent (adjuster) in investigating this claim.

Once completed, please send to: claims@premieragencyervices.com. After receipt, we will submit the claim to the appropriate insurer(s), with request for claim & adjuster assignment.

Commercial General Liability Policy Claim Form

To expedite the claim process please complete this form in its entirety.

POLICY INFORMATION

Policy Number:		
Today's Date:		
Date of Loss:		

INSURED INFORMATION

Insured Contact Name:		
Insured Contact Email:		
Insured Contact Phone:		
Insured Current Address:		

DESCRIPTION OF LOSS

Location of Occurrence (City & State):		
Nature of Claim:	Property Damage <input type="checkbox"/>	Bodily Injury <input type="checkbox"/>
Description of Occurrence:		
Scope of Work:		
Date Work Started:		
Date Work Completed:		
Insured Contractor License Number:		

CLAIMANT INFORMATION

Claimant Name:		
Claimant Email:		
Claimant Phone:		
Claimant Address:		

CLAIM SUBMITTED BY

Claim Reported By:		
Relationship to Claim?		
Claim Reporting Contact Email:		

Form Submitted By: _____

(Printed Name)

(Signature)

INSURANCE FRAUD IS ILLEGAL Any person or entity who knowingly and with the intent to defraud an insurer submits an application of insurance or files a statement of claim with a third party administrator containing any false, fraudulent, deceptive, incomplete or misleading information, may be subject to civil penalties and criminal prosecution for insurance fraud.