



CLAIMS FORM - NOTICE OF LOSS

Save and Email to: groupclaims@worthavegroup.com or fax to (405) 334-5418

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

Shipping Materials

<input type="checkbox"/> I NEED A BOX	<input type="checkbox"/> I DO NOT NEED A BOX
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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



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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