CLAIMS PROCEDURES AMERICAN BANKERS

EMERGENCY AFTER HOURS HOTLINE: 800-245-1505

- 1. FILL OUT THE ACCORD CLAIMS FORM NEEDED DEPENDING ON THE TYPE OF LOSS
- 2. FAX THE ACCORD CLAIMS FORM TO THE CLAIMS OFFICE 800-224-4170
- 3. FAX A COPY TO MORGA & MEDLIN 916-663-5634

ACORD GENER	E OF OCCURRENCE / CLAIM							
AGENCY		INSURED LOCATION CODE DATE OF		DATE OF LO	LOSS AND TIME AM			
		CARRIER			NAIG	PM C CODE		
		POLICY NUMBER						
CONTACT NA ME:								
PHONE (A/C, No, Ext):								
FAX (A/C, No): E-MAIL		-						
ADDRESS: CODE:	SUBCODE:							
AGENCY CUSTOMER ID:	- descope.	*						
INSURED		**************************************						
NAME OF INSURED (First, Middle, Last)	INSURED'S MAILING A	DDRESS						
DATE OF BIRTH FEIN (if ap	plicable)	-						
PRIMARY HOME BUS CELL	SECONDARY HOME BUS CELL	PRIMARY E-MAIL ADD	Security Security (Security Security Se					
CONTACT CONTACT INS	LIDED	SECONDARY E-MAIL	ADDRESS:					
NAME OF CONTACT (First, Middle, Last)	SURED	CONTACT'S MAILING	ADDRESS					
25 SO SO SE	ρ.							
PRIMARY HOME BUS CELL	SECONDARY HOME BUS CELL							
WHEN TO CONTACT	PRIMARY E-MAIL ADDRESS:							
2221555125		SECONDARY E-MAIL	DDRESS:					
OCCURRENCE LOCATION OF OCCURRENCE			POLICE OR FIRE DEPAR	THENT CONTACTED				
STREET:			POLICE OR FIRE DEPAR	IMENI CONTACTED				
CITY, STATE, ZIP:			REPORT NUMBER					
COUNTRY:								
DESCRIBE LOCATION OF OCCURRENCE IF NOT	AT SPECIFIC STREET ADDRESS:		•					
DESCRIPTION OF OCCURRENCE (Attach ACORD	101, Additional Remarks Schedule, if more space	is required)						
TYPE OF LIABILITY	9006-00000 min (*)	TYPE OF PREMISES						
PREMISES: INSURED IS OWNER OWNER'S NAME & ADDRESS (If not insured)	TENANT	- TE OF FRENISES						
,		PRIMARY HO	ME BUS CELL	SECONDARY PHONE #	HOME BUS	CELL		
	PRIMARY E-MAIL ADD	RESS:						
		SECONDARY E-MAIL	ADDRESS:					
PRODUCTS: INSURED IS MANUFACTURE MANUFACTURER'S NAME & ADDRESS (If not in se		TYPE OF PRODUCT				35 12 - 2000		
		PRIMARY HO	ME BUS CELL	SECONDARY PHONE#	HOME BUS	CELL		
		PRIMARY E-MAIL ADD						
		SECONDARY E-MAIL ADDRESS:						

INJURED / PROPERTY DAMAGED	AGENCY CUSTOMER ID:					
NAME & ADDRESS (Injured/Owner)	EMPLOYER'S NAME & ADDRESS					
PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL PHONE #	PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL					
PRIMARY E-MAIL ADDRESS:	PRIMARY E-MAIL ADDRESS:					
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:					
AGE SEX OCCUPATION	DESCRIBE INJURY					
WHERE TAKEN	WHAT WAS INJURED DOING?					
DESCRIBE PROPERTY (Type, model, etc.)	E AMOUNT WHERE CAN PROPERTY BE SEEN?					
WITNESSES						
NAME AND ADDRESS	PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL					
	PRIMARY E-MAIL ADDRESS:					
	SECONDARY E-MAIL ADDRESS:					
NA ME AND ADDRESS	PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL					
	PRIMARY E-MAIL ADDRESS:					
	SECONDARY E-MAIL ADDRESS:					
NAME AND ADDRESS	PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL					
	PRIMARY E-MAIL ADDRESS:					
	SECONDARY E-MAIL ADDRESS:					
REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more s	space is required)					

ACO	PROPERTY LOSS NOTICE					DATE (MM/DD/YYYY)				
AGENCY					INSURED LOCATION O	ODE	DATE OF LO	OSS AND TIM	E	AM
									-	PM
						PROPERTY / F	HOME POLICY			
					CA RRIER				NAIC CO	ODE
CONTACT NAME:					POLICY NUMBER			-		
PHONE										
(A/C, No, Ext): FAX						FLOOD	POLICY			
(A/C, No): E-MAIL			CARRIER NAIC CO					ODE		
ADDRESS: CODE:			SUBCODE:		1					
AGENCY CUST	OMER ID:				POLICY NUMBER					
					WIND POLICY					
			CARRIER				NAIC CO	ODE		
					POLICY NUMBER					
INSURED		or area in a contract								
NAME OF INSU	JRED (First, N	iddle, Last)			INSURED'S MAILING A	DDRESS				
DATE OF	DIDTH	FFIN /II	-ELI-Y	MADITAL OTATIO	_					
DATE OF	BIKIH	FEIN (if ap	рисавіе)	MARITAL STATUS						
PRIMARY PHONE #	□ HOME □	BUS CELL	SECONDARY PHONE #	HOME BUS CELL		MAY CONTROL				
PHONE #	nome [_ poo cere	PHONE #	THOME DOO CELE	PRIMARY E-MAIL ADD					
NAME OF SPO	USE (First, M	ddle, Last) (if applica	ble)		SECONDARY E-MAIL A SPOUSE'S MAILING AL					
	200	6 33 1843:				56 (A86) SM				
DATE OF	BIRTH	FEIN (if ap	plicable)	MARITAL STATUS						
PRIMARY PHONE #	HOME [BUS CELL	SECONDARY PHONE #	HOME BUS CELL	PRIMARY E-MAIL ADD	RESS:				
THORE II			SECONDARY E-MAIL ADDRESS:							
CONTACT		CONTACT IN	SURED		72					
NAME OF CON	TACT (First, I	/liddle, Last)			CONTACT'S MAILING	ADDRESS				
PRIMARY			SECONDARY	1 <u>12 1</u>						
PHONE #	HOME	BUS CELL	SECONDARY PHONE #	HOME BUS CELL						
WHEN TO CONTACT										
WHEN TO CON	IIACI				PRIMARY E-MAIL ADDRESS:					
LOSS					SECONDARY E-MAIL A	ADDRESS:				
LOCATION OF	LOSS				3	POLICE OR FIRE DEPART	MENT CONTACTED	0		
STREET:										
CITY, STATE, ZIP:				REPORT NUMBER						
COUNTRY:										
DESCRIBE LOC	CATION OF L	OSS IF NOT AT SPEC	IFIC STREET ADDR	ESS:	3	•				
KIND OF	FIRE	LIGHTNING	FLOOD	PS.		<u> </u>	PROBABLE AMOUN	T ENTIRE LO	SS	
LOSS	THEFT	HAIL	WIND	SEQ.						
DESCRIPTION	OF LOSS & D	AMAGE (Attach ACO	RD 101, Additional	Remarks Schedule, if more spa	ce is required)					
REPORTED BY	,				REPORTED TO					