

REPORT OF CLAIM



TO: HARTFORD STEAM BOILER FAX: 1-888-FAX-LOSS (329-5677) PHONE: 1-888-HSB-LOSS (472-5677)

| DATE: | | | | |
|------------------------|-------------------------------|----------------|---------|--|
| FROM: | Keenan & Associates | CLAIM #: | | |
| | 2355 Crenshaw Blvd, Suite 200 | | | |
| | Torrance, CA 90501-3329 | POLICY #: | 1000580 | |
| ADJUSTER: | | E-MAIL: | | |
| TELEPHONE: | | | | |
| FAX: | | | | |
| | | | | |
| | | | | |
| INSURED INF | <u>FORMATION</u> | | | |
| School Name: | | Contact: | | |
| | | | | |
| Mailing Address: | | Telephone: | | |
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| | | | | |
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| | | | | |
| LOSS INFORM | <u>IATION</u> | | | |
| | | | | |
| Loss Location Address: | | Date/Time of L | LOSS: | |
| | | | | |
| | | Loss Estimate: | | |
| | | | _ | |
| | | | | |
| Loss Description | | | | |
| | | | | |
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| POLICY INFO | RMATION: | | | |
| Policy Form: | Memorandum of Coverage | | | |
| i oncy i onn. | Memorandum or Coverage | _ | | |
| EFF | : EXI | P: DEDUCTIB | LE: | |

COMMENTS:

PLEASE INCLUDE ACCORD, INCIDENT REPORT, MEMO OF COV DEC, AND ANY CLAIM RELATED DOCUMENTS.