

# Liability Insurance

## Claim Form

**Note:** Internet Explorer is required to use automatic submission feature in browser. All other browsers are not supported & require manual download and return to [claims@insurmark.com](mailto:claims@insurmark.com)

Phone: (800)833-5912 Fax: (937)323-0787 Email: [claims@insurmark.com](mailto:claims@insurmark.com)

FI Code  Policy Number  Date

Insured Name

Insured Address  City  State  Zip

Additional Insured / Loss Payee  Loan Number  File Number

Type of Risk:  Dwelling  Multi Dwelling  Commercial  Mobile Home  Land  
Condition of Risk:  Occupied  Vacant

### Loss Information

Date of Occurrence   Actual  Discovered

Name and Address of Claimant  Telephone & Ext.

Brief Description of Occurrence (Attach written correspondence, if any, directed to you concerning the alleged occurrence)

Reported By:  Date Reported:

Insured Contact:  Telephone & Ext.:

Email Address:

Claim Submitted by:

### Insurmark Use Only

Property Amount Insured: \$

Liability Coverage:  Yes  No

Carrier:

Deductible:

Policy Number / Contract Year:

Policy Term:  To

Entry Date:

Entry Initials: