**CATHOLIC MUTUAL GROUP**
**LOSS REPORTED BY PHONE/MAIL**
**(LIABILITY/MP)**

CODE_____

FILE NO. _____ DATE & TIME _____

X-REF _____ RECEIVED BY_____

PAGE NO _____ ***DIOCESE** _____

**LOCATION**

PERSON REPORTING/TO CONTACT _____

***PARISH OR INSTITUTION** _____

***STREET ADDRESS** _____

***CITY/STATE** _____ZIP _____PHONE _____ EXT _____

EMAIL ADDRESS: _____ OR _____ EXT _____

**LIABILITY CLAIM**

***TYPE OF INJURY** _____

***WHERE/HOW DID LOSS OCCUR** _____

_____

***CLAIMANT'S NAME**_____ **DOB**_____ **SSN**_____

***CLAIMANT'S ADDRESS** _____

***DATE OF LOSS** _____ SEX _____ STUDENT _____ PHONE_____

Dio Loss Res MP _____ BI_____ PD_____ Loss Res MP _____BI_____PD _____

Dio Exp Res _____ Exp Res _____

Dio Legal Res _____ Legal Res _____

**ASSIGNMENT**

ADJ _____ PHONE_____ EXT _____

CITY/STATE _____ ZIP_____ FAX #_____

DATE ASSIGNED _____ EMAIL ADDRESS:_____

**COMMENTS**

_____

_____

_____

***REQUIRED FOR INDEX** **6-09**