

CATHOLIC MUTUAL GROUP

CODE _____ **LOSS REPORTED BY PHONE/MAIL** _____ PAYMENT

FILE NO. _____ DATE & TIME _____

X REF. _____ RECEIVED BY _____

PAGE NO. _____ DIOCESE _____

LOCATION

PERSON REPORTING/TO CONTACT _____

PARISH OR INSTITUTION _____

STREET ADDRESS _____

LOCATION _____ ZIP _____ PHONE _____ Ext _____

EMAIL ADDRESS: _____ OR _____ Ext _____

PROPERTY CLAIM

PERIL _____

BUILDING DAMAGE _____

DATE OF LOSS _____ TIME _____ Dio Loss Res _____ Loss Res _____

COVERAGE _____ RC ___ ACV ___ AG AMT ___ Dio Exp Res _____ Exp Res _____

SMP _____ TERM _____ DED _____

LIABILITY CLAIM

TYPE OF INJURY _____

WHERE/HOW DID LOSS OCCUR _____

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

CLAIMANT'S ADDRESS _____

DATE OF INCIDENT _____ 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 _____

LOCATION _____ ZIP _____

INFO TO ADJ. _____ FAX # _____

COMMENTS

