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

_____

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