

**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_