

ANTHONY & COMPANY, INC.  
*Insurance*

RISK MANAGEMENT CONSULTANTS  
BUSINESS INSURANCE  
PERSONAL INSURANCE

SUITE 105, 4 WALTER E. FORAN BLVD.  
FLEMINGTON, NJ 08822  
TELEPHONE 908.806.8844 / FAX 908.806.2095

**NOTICE OF CLAIM**

**ATTENTION: LAURA**    FAX 908 806-2095 OR LAURA.ESTY@ANTHONYCOMPANY.COM

INSURED: \_\_\_\_\_

POLICY #: \_\_\_\_\_      INSURANCE COMPANY: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_      TYPE OF LOSS: \_\_\_\_\_

LOCATION OF LOSS: \_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF LOSS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTO LOSS:    VEHICLE: \_\_\_\_\_      VIN #: \_\_\_\_\_

DRIVER: \_\_\_\_\_      LICENSE #: \_\_\_\_\_

DAMAGE TO VEHICLE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

*\*PLEASE INCLUDE COPY OF POLICE REPORT WITH NOTICE OF CLAIM FOR AUTO & THEFT CLAIMS\**

*\*\*PLEASE INCLUDE EMPLOYER'S 1<sup>ST</sup> REPORT STATEMENT FOR WORKERS' COMP. CLAIMS\*\**

*\*\*\*PLEASE INCLUDE SUBCONTRACTOR CONTRACT AND CERTIFICATE OF INSURANCE FOR ALL CLAIMS WHERE SUBCONTRACTOR IS AT FAULT\*\*\**