



CLAIMS FORM - NOTICE OF LOSS

Save and Email to: groupclaims@worthhavegroup.com

School Name

Policy Holder/Student

Shipping Address

City/ State/ Zip

Policy Number

Coverage/ Deductible

Contact Person

Contact Email

Contact Phone

Type of Loss

☐ Accidental Damage ☐ Theft ☐ Vandalism ☐ Power Surge by Lightning

☐ Fire/Flood/Natural Disaster ☐ Other

Shipping Materials

☐ I NEED A BOX ☐ I DO NOT NEED A BOX

Date of Incident

Make/ Model

Serial Number

Describe in Detail the
Circumstances of the Incident

Known Damage to the Unit

Billing/Pymnt. Remit Name

Billing/ Pymnt. Remit Email

Mailing Address

City/State/Zip

School District of Beloit

jmiller@sdb.k12.wi.us

1633 Keeler Avenue, Business Office

Beloit

WI

53511

Please Note: Claim checks are issued to the name and address entered in these fields. Please make sure they are properly filled out to avoid the reissuing of this claim check.

SWORN STATEMENT

I affirm that the above information is true and correct to the best of my knowledge.

We must advise you that any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.



Type Name Below

Date Below



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