

Please complete the below form,
save, and send to claims@burns-wilcox.com.

Reported By

First Name*	Last Name*
Address	
City	State
ZIP	Phone*
Email*	

Insured Information

Full Name/Company Name*	
Address*	
City*	State*
ZIP*	Phone*
Email*	Policy Number*

Agent Information

First Name*	Last Name*
Address	
City	State
ZIP	Phone*
Email*	

Claimant Information

First Name	Last Name
Address	
City	State
ZIP	Phone
Email	

Loss Information

mm/dd/yyyy
Location of Loss (City/State/Zip)*
Brief Description of Claim*