



# CLAIMS FORM - NOTICE OF LOSS

Save and Email to: [groupclaims@worthavegroup.com](mailto:groupclaims@worthavegroup.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  
 I NEED A BOX   
  I DO NOT NEED A BOX

Shipping Materials

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



### 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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