



Constitutional Casualty Company

Please print and fill out this form completely with ALL pertinent information and fax back to 773/763.0898

Claim No.: _____

Insured: _____

My vehicle will be repaired at *(name & address of body shop):* _____

Federal ID#: _____

Signature of Insured: _____ **Date:** _____

THIS FORM MUST BE RETURNED WITHIN TEN (10) DAYS