



Constitutional Casualty Company

STATEMENT OF LOSS

CLAIM NO. _____

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

Name: _____ Address: _____

Marital Status: _____ Age: _____ City: _____

Social Security Number: _____ Date of Birth: _____

Occupation: _____ Employed By: _____

Business Phone: _____ Address: _____

Date & Time of Loss: _____ Location: _____

Description of how loss occurred (give details and names of all person suspected, if any): _____

Date & Time Reported to Police: _____ Name of Police Dept.: _____

Did Police Investigate at Scene? _____ Officer's Name: _____

Report (Complaint) Number: _____

Is there any other insurance to cover this loss? _____ If yes, Name of Company: _____

Have you ever sustained a previous theft loss? _____ If yes, please give Date, Location & Amount Paid: _____

Auto Insurance Carrier: _____

If there was any damage to your premises, please describe: _____

Has there been any recovery of the stolen items? _____ If yes, please name: _____

The above information is true and correct to the best of my knowledge.

Signature _____ Date: _____