



# Constitutional Casualty Company

## OL&T – LOSS REPORT

CLAIM NO. \_\_\_\_\_

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

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Dates: \_\_\_\_\_

Coverage: \_\_\_\_\_

### THE CLAIM

What happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of loss: \_\_\_\_\_ Where: \_\_\_\_\_

Claimant: \_\_\_\_\_ Injury: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Claimant: \_\_\_\_\_ Injury: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Who else knows about it? (Employees, Customers, etc.)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_