



Constitutional Casualty Company

NOTICE OF LOSS

CLAIM NO. _____

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

Policy Number: _____ Insured: _____

Date of Loss: _____ Address: _____

Type of Loss: _____ Phone Number: _____

Check one: Glass Partial Theft Partial Fire Other

Type of Automobile

Year _____ Make _____ Body Style _____ Motor/Serial # _____

Color _____ License Number _____

Give a complete description of the place and origin of loss: _____

If theft loss:

Were Police notified? _____ What station? _____ Complaint Number _____

Date and time Police notified: _____

How and by whom were Police notified? _____

Signature of Insured _____