

Please fax the completed form to the Johnson, Cambra & Libbert office nearest you. We will contact you within one business day.

Fax Numbers: *Cincinnati:* 513-530-2460 ~ *Cleveland:* 440-846-9234 ~ *Indianapolis:* 317-577-4827

Claim Information:

Assignment Date: _____

Insured or Claimant: _____

Date(s) of Loss: _____

Loss Location: _____

Date Repairs Completed: _____

Claim, Policy, or File #: _____

Amount(s) Claimed: _____

Event Giving Rise to Claim: _____

Service Requested of JC&L: _____

Contact Person & Telephone Number at Insured's, Claimant's, Plaintiff's, or Defendant's office:

Coverage Considerations:

Coinsurance: _____

Extended Period of Indemnity (# of days): _____

Deductible: _____

Client Contact Information:

Adjuster or Attorney Name: _____

Adjuster or Attorney Phone & Fax #s: _____

E-Mail Address: _____

Company Name: _____

Bill to Address: _____

Miscellaneous Information & Comments:
