

**FAX CLAIM**



**COVER SHEET**

Today's Date \_\_\_\_\_

Adjuster \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_ (\_\_\_\_) \_\_\_\_\_

Fax # \_\_ (\_\_\_\_) \_\_\_\_\_

Comments:


Date of Loss \_\_\_\_\_

Claim # \_\_\_\_\_

Policy Holder \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home # \_\_ (\_\_\_\_) \_\_\_\_\_

Work # \_\_ (\_\_\_\_) \_\_\_\_\_

Deductible Amount? \_\_\_\_\_

Replacement Cost Coverage?

Yes  No

Number of Pages \_\_\_\_\_

**Fax (949) 794-0766**

**Phone (949) 794-0755  
(800) 919-1922**

**www.nationalvender.com  
17921 Sky Park Circle, Suite G, Irvine, CA 92614**