

Signature

## **INSURANCE CLAIM**

Please complete and send it to us by one of the following options.

| riease complete and send it to us by one of the following options. |                       |  |
|--|-----------------------|--|
| Email  | Fax                   | Mail   |
| claiminfo@colonialsurety.com                                       | 866-449-8004          | Colonial Surety Company<br>123 Tice Blvd, Suite 250<br>Woodcliff Lake, NJ, 07677 |
| CLAIM INFORMATION  |                       |  |
| Policy Number  | aim Amount (Optional) |  |
| POLICYHOLDER INF   | ORMATION              |  |
|  |                       |  |
| Insured Name   |                       |  |
| Street Address   | Street Addre          | ess (Optional)   |
| City   | State                 |  |
|  |                       |  |
| ZIP Code   |                       |  |
|  |                       |  |
| CONTACT INFORMA  | TION                  |  |
| Contact Name   | Contact Pho           | ne Number  |
| Contact Email  | Contact Fax           | (Optional)   |
|  |                       |  |

Date