

REPORT A CLAIM

Fill out and fax to 516.365.6824

or email to claims@tickandco.com



CLIENT INFORMATION

INSURED NAME

DBA

STREET ADDRESS

CITY OR TOWN

STATE

ZIP CODE

CONTACT

TELEPHONE

EMAIL ADDRESS

FAX

INCIDENT REPORT

DATE OF OCCURRENCE

INSURED POLICY

LOCATION OF OCCURRENCE

DESCRIPTION OF OCCURRENCE

CLAIMANT INFORMATION

CONTACT

NAME OF CLAIMANT

CLAIMANT ADDRESS

CLAIMANT PHONE

CLAIMANT EMAIL

CLAIMANT FAX

INJURY OR PROPERTY DAMAGE