



**College
Student
Insurance**

Arthur J. Gallagher & Co.
316 Maxwell Rd., Suite 100,
Alpharetta, GA
30009
Tel: (888) 411-4911 / FAX: (678) 832-4910

STUDENT PROPERTY LOSS NOTICE

NOTICE: All information should be accurately recorded. Any false statements, knowingly reported, will void coverage and may violate laws pertaining to insurance fraud. All thefts and vandalism must also be reported to police.

INSURED

Name and permanent/home address of student:		School and current address of student:	
Day phone:	Evening Phone:	E-Mail:	

LOSS INFORMATION (Please complete this section in full. Incomplete or incorrect information will delay your claim.)

Location/Address where loss occurred:		Date of loss:	
Name of Police Department or authorities to which reported:		Police report or campus report number: <i>(Attach Copy of Report)</i>	
Loss Location - mark one:			
<input type="checkbox"/> On campus housing	<input type="checkbox"/> Travel / overseas	<input type="checkbox"/> Vehicle	<input type="checkbox"/> On campus other
<input type="checkbox"/> Off campus housing	<input type="checkbox"/> Storage Facility	<input type="checkbox"/> Parents' house	<input type="checkbox"/> Off campus other
Loss Cause - mark one:			
<input type="checkbox"/> Theft	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Flood/Water Damage	<input type="checkbox"/> Other
<input type="checkbox"/> Accidental Damage	<input type="checkbox"/> Fire/Smoke	<input type="checkbox"/> Lightning/Electrical Surge	
Property Type - mark any that apply:			
<input type="checkbox"/> Computer	<input type="checkbox"/> iPod/MP3 Player	<input type="checkbox"/> Bike	<input type="checkbox"/> Clothing
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Electronics	<input type="checkbox"/> Jewelry	<input type="checkbox"/> Musical Instruments
<input type="checkbox"/> Sports Equipment	<input type="checkbox"/> Furnishings	<input type="checkbox"/> Photo Gear	<input type="checkbox"/> Other

Please describe how loss occurred:

Inventory of items being claimed:

Include as much information as possible - make, model, serial number, when/where purchased, approximate value

Attach receipts or credit card statement showing original purchase of these items.

NOTICE

Property should be protected from further damage until claim is resolved. Please take all reasonable steps to minimize the loss.

POLICY INFORMATION

Policy Number:	Policy Term:	Policy Limit:	Deductible:	Claim # (internal use only):
	-			

The information provided above (whether by the policyholder or another party) is true and accurate to the best of my knowledge. I understand that non-disclosure or misrepresentation of material facts and information may void coverage and violate laws pertaining to insurance fraud.

Signature of Claimant:

Date:

Please fax (678-832-4910) or email (claims@CollegeStudentInsurance.com) all claim documentation, including photos, receipts, police reports, etc.