To report a claim, please fax: 800-748-6159 or email: tnwclaims@tnwinc.com

*Note: Any question with an asterisk (\*) is required information.*

|  |
| --- |
| Client Information |
| \*GB Client Number | 010563 |
| \*Client Name | MAISL |
| \*Location Code | 63080 |
| Date and Time |
| \*Incident Date | Enter date. |
| \*Insured Notified Date | Enter date. |
| Insured (Property Owner) |
| Name and Address of Insured | Enter text. |
| City | Bloomfield Hills | \*State | MI | ZIP | 48301 |
| Business Phone | 248.341.5461 | Residence Phone | Enter phone #. |
| Submitter Information |
| Name | Enter Name. |
| Title | Enter Title. |
| Email Address | Enter Email. |
| Phone Number | Enter Phone #. |
| Contact Information |
| \*First and Last Name | Karen Hildebrandt |
| Address of Insured | 7273 Wing Lake Road, Bloomfield Hills, MI 48301 |
| \*Business Phone | 248.341.5461 |
| Loss |
| Loss location name | Enter text. |
| Street Address | Enter Street Address. |
| City | Enter City. | \*State | Choose State. | ZIP | Enter ZIP. |
| Kind of loss: Fire, Theft, Lightening, Hail, Flood, Wind, Other (explain) | [ ] Fire [ ]  Lightening [ ] Flood [ ] Water Damage[ ] Theft [ ]  Hail [ ]  Product [ ] Structural[ ] Vehicle [ ] Other (Explain)  |
| Estimated amount of damage | Enter text. |
| \*Detailed Description of Property & Damage to Property (Limit the description field 250 characters) | Enter text. |
| Authority Name (ie, Police, Fire) | Enter text. |
| Authority Phone Number | Enter phone #. |
| Was the damage caused by an individual? | Choose... |
| If yes, please provide any information you have for that individual | Enter text. |
| Did Business Interruption occur as a cause of this accident? | Choose... |
|  If Yes: Date and time started | Click here to enter a date.  | Time | Enter time. |
|  Date and time ended | Click here to enter a date. | Time | Enter time. |
|

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| --- |
| Witness Information (If there were any witnesses) |
| First and Last Name of Witness | Enter text. |
| Witness Phone | Enter phone #. |

Notes/Additional Comments *(ie, if this is for report only)* |
| Additional Remarks | Enter text. |
|  |

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance commits a fraudulent insurance act which is a crime and subjects that person to criminal and civil penalties. Such acts will be reported to DIFS by GB.**