|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Enter date. | | |
| Fax: | 800-748-6159 | | |
| Email: | tnwclaims@tnwinc.com | | |
| To: | **Gallagher Bassett Claims Reporting** | | |
| Re: | **FIRST REPORTS** | | |
| Pages (including cover): | Enter Number. | | |
|  | | | |
| **REQUIRED INFORMATION (please print):**  (Gallagher Bassett must have the following information in order to assist in the timely completion of the first report. Thank you.) | | | |
| GB Client Number: | 010563 | VDN | 2204511 |
| GB Client Name: | MAISL | | |
| Insured Name | Bloomfield Hills Schools | | |
| Location/Unit: | Enter text. | | |
| Indicate Report Type (check one) |  | | |
| Auto Liability | | |
| General Liability  Property | | |
| Claimant Name | Enter Name. | | |
| Claimant SS# | Enter Number. | | |
| Claimant Email Address | Enter text. | | |
|  | | | |
| **CLIENT CONTACT:** | | | |
| Name: | Tina Kostiuk | | |
| Phone Number: | 248.341.5452 | | |
| Email Address: | tkostiuk@bloomfield.org | | |

**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.**