|  |  |
| --- | --- |
| 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.**