



COMMERCIAL SPECIALISTS INSURANCE SERVICES

LIC # 0D80851

3315 Old Conejo Road, Thousand Oaks, CA 91320

PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS)

WWW.CSISONLINE.COM

NOTICE OF LOSS/CLAIM

Complete all applicable sections and return to our office for processing.

Attached a separate sheet, if necessary.

Insured:

Name & Address:

Contact: _____

Business #: _____

Home #: _____

Cell #: _____

Email: _____

Fax #: _____

IF THIS IS A GENERAL LIABILITY OCCURRENCE, COMPLETE THIS SECTION:

Date of occurrence: _____

Time of occurrence: _____

Date of claim: _____

Carrier Name/Policy #: _____

Location of incident (include city & state): _____

Injured/Property Damaged:

Name & Address (injured/owner): _____

Phone #: _____

Estimated damage amount: _____

Describe injury/damage: _____

Describe the property (type, model, etc): _____

Witnesses: _____

Description of the incident: _____

You may wish to attach additional information or documentation, including a narrative.

If you have been served with a lawsuit or summons, please send a copy of the legal brief to us so
that it can be provided to your carrier.

Signature of Insured

Date Submitted

IF THIS IS A PROPERTY LOSS, COMPLETE THIS SECTION:

Date of occurrence: _____

Time of occurrence: _____

Date of claim: _____

Carrier Name/Policy #: _____

Loss Description:

Location of Loss (include city & state): _____

Kind of loss: ☐ Fire ☐ Lightning ☐ Flood ☐ Theft ☐ Hail ☐ Wind ☐ Other: _____

Policy or Fire Dept to which the incident was reported: _____

Probable amount of entire loss: _____

Description of the loss & damage: _____

You may wish to attach additional information or documentation, including a narrative.

Signature of Insured

Date Submitted

IF THIS IS AN AUTOMOBILE LOSS, COMPLETE THIS SECTION:

Date and time of occurrence: _____

Carrier Name/Policy #: _____

Policy Report #: _____

Authority Contacted: _____

Location of accident (include city & state): _____

Insured Vehicle:

Year: _____ Make/Model: _____ VIN: _____

Driver's Name & Address: _____

Driver's home #: _____ Driver's cell #: _____

Date of Birth: _____ Driver's License #: _____

Estimated damage amount: _____

Where can the vehicle be seen? _____

Witnesses or passengers: _____

Description of the accident: _____

Description of property damage, if any (include owners' name, address, phone #'s, and estimated amount of damage): _____

Injured parties (include name & address, phone #'s and description of injury):

You may wish to attach additional information or documentation, including a narrative.

Signature of Insured

Date Submitted