



Providing Exceptional Risk Management Solutions and Insurance Brokerage Services

INITIAL NOTIFICATION OF CLAIM

Policy holder:

Policy number (if known):

Type of Loss/Claim:

Description:

Submitter's name:

Date of loss:

CONTACT INFORMATION

Contact name:

Contact phone number:

Mobile phone number:

Contact email:

You will be contacted within 1 business day regarding the details of your loss/claim. If you have not been contacted regarding this notification after 1 business day, please [contact Claims](#).

This notification form is an alternative to phoning or emailing a notification of loss/claim and does not constitute the full and complete claim.

If you are submitting this form through Internet Email, please address it to: claims@ashgroup.us.com