

## **McLain Crow & Associates, LLC**

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Insurance Loss, Management & Consulting Services

### **INSTRUCTIONS FOR FILING A CLAIM**

These instructions are intended to make the process of filing a claim as easy as possible. Once received, one of our Associates will contact you to discuss your claim further.

- 1. Print, complete, and sign the Claim Form.**
- 2. Mail the completed form to:**

ATTN: Claims  
McLain Crow & Associates, LLC  
24919 Canston Ct.  
Spring, Texas 77389

If you prefer, **fax the completed form to 1-281-357-5063.**

Please do not include this instruction page with your submittal.

If you have any questions regarding your claim or this form, please contact one of our Associates at 1-281-357-5705. Our office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m., Central Time.

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**Instructions:** 1. All fields indicated with an asterisk (\*) are required to complete this transaction; other fields are optional.  
2. Complete all required fields, printing all entries. If more space is needed attached additional pages.  
3. Please include country and area codes when specifying telephone and facsimile numbers.

### Submitter Information

Full Name		Company Name
Address (Street, City, State/Province/Region, Zip)		Country
Telephone*	Facsimile	E-mail Address*

### Policy Information

Policy Reference Number	Claim/File Reference Number
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### Insured Information

Full Name*		Contact Name*
Address (Street, City, State/Province/Region, Zip)		Country
Telephone*	Facsimile	E-mail Address*

### Loss Information

Date of Loss	Location of Loss	Type of Coverage
____ / ____ / ____ Month Day Year		

Description of Loss\*

Remarks

**Signature\*** To the best of my knowledge, the information on this form is true and complete

X

DATE