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A NAME YOU CAN TRUST.

CLAIM QUESTIONNAIRE

Name of Insured- _____

Date of Loss- _____

Type of Loss- _____

Time of Loss (If possible)- _____

Insurance Carrier- _____

Policy #- _____

Physical Address of Loss- _____

Contact Person- _____

Contact #- _____

Email Contact- _____

Description of Loss- _____

CLAIM #- _____

Adjuster Info- _____

Notes for file- _____

Submitted by: _____ on behalf of Erwin Insurance Agency, Inc.