



Claim Reporting Form Commercial Lines

CLAIM REPORT:

Loss Notice

Please provide the following information and email the completed form to claimreporting@mma-fl.com:

Select an office to send to

Type of Loss

INCIDENT DETAILS:

Date of Loss

Time of Loss

HH

MM

AM/PM

Location

Description



Authority Contacted

Report Number

Violation/Citation

INSURED:

Name

Address

Street Address

City

State

Zip

Report's Name

Work Phone

Home Phone

Fax



**MARSH & McLENNAN
AGENCY**

Email*

Policy Number

Submission of a loss notice does not represent, assure or guarantee that coverage will be provided by your insurance program. If further information is required, you will be contacted by either a representative of Marsh & McLennan Agency or your insurance company.

Any person who knowingly, and with the intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is: guilty of a felony and/or subject to criminal prosecution, civil penalties; punishable by imprisonment or fines.