



NOTIFICATION OF CLAIM

PLEASE E-MAIL TO: LOSS@HMIC.COM

Visit www.hmic.com for after-hours or holiday claim reporting instructions.

Policyholder and Agency Information

Policyholder Name and Address:

Agency Name: _____

Policy Number: _____

Policyholder Owner's Name: _____

Policyholder Owner's E-mail Address: _____

Policyholder Owner's Telephone Number: _____

Incident/Loss Information

Date of Incident: _____ Time of Loss: _____

Location of Incident: _____

Type of Incident: Liquor Liability Assault & Battery General Liability Commercial Property

Description of the Loss:

Injury or Damage Sustained:

I declare under the penalty of perjury under the laws of the United States of America that the information in this Notification of Claim is true and correct.

Signed by: _____

(Print Name): _____

Date: _____

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of a claim or notification of a claim containing false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.