



Agent Claim Request Form

Fill out and Fax to:

Madison 608-258-3337
Brookfield 262-783-3532
Green Bay 920-337-2737
Marinette 715-732-2899
Oshkosh 920-236-7172

Agency Information

Agency Name:

Agency Phone:

Insurance Company:

Name of Person Submitting Claim:

Email Address of Person Submitting Claim:

Policy Holder Information

Policy Holder Name:

Policy Holder Street Address:

Policy Holder City:

Policy Holder State and Zip Code:

Policy Holder Telephone (enter at least one):

Home _____ Work _____ Cell _____

Policy Number:

Claim Number:

Deductible Amount:

\$ _____

Date of Loss:

Cause of Loss:

Vehicle Information

Vehicle Year:

VIN (Vehicle Identification Number):

Vehicle Make:

Vehicle Model:

Vehicle Type:

Car SUV Station Wagon Truck Van Mini Van Other _____

Service Information

Type of Work:

WS Replacement WS Repair Door Glass Vent Glass Back Glass Quarter Glass
 Other _____

Special Instructions: