



# CLAIMS FORM - NOTICE OF LOSS

Save and Email to: [groupclaims@worthavegroup.com](mailto:groupclaims@worthavegroup.com)

School Name

Norwell Public Schools

Policy Holder/Student

Shipping Address

City/ State/ Zip

Policy Number

Coverage/ Deductible

Contact Person

Contact Email

Contact Phone

Type of Loss

- Accidental Damage   
  Theft   
  Vandalism   
  Power Surge by Lightning  
 Fire/Flood/Natural Disaster   
  Other

Shipping Materials

- I NEED A BOX   
  I DO NOT NEED A BOX

Date of Incident

Make/ Model

Serial Number

Describe in Detail the Circumstances of the Incident

Known Damage to the Unit

Billing/Pymnt. Remit Name

Norwell Public Schools

Billing/ Pymnt. Remit Email

[warren.maccallum@norwellschools.org](mailto:warren.maccallum@norwellschools.org)

Mailing Address

City/State/Zip

**Please Note:** Claim checks are issued to the name and address entered in these fields. Please make sure they are properly filled out to avoid the reissuing of this claim check.

### SWORN STATEMENT

I affirm that the above information is true and correct to the best of my knowledge.

We must advise you that any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Type Name Below

Date Below

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