ELECTRONIC CLAIM FORM

CLAIM FORM

To be considered, this Claim Form must be submitted on or before June 17, 2020.

Name & Address: <<First Name>> <<Last Name>>
<<Address 1>> <<Address 2>>
<<City>> <<State>> <<Zip>>

Notice ID: <<MAPXXXXXX>>
CONF CODE: <<12345>>

Date of Loss: <<DD/MM/YYYY>>

Claim: <<Claim #>>

1. ADDRESS (if different from above)

Primary Address

Primary Address continued

City: State: Zip Code:

2. AFFIRMATION (required): By signing below, I submit this Claim Form.

Electronic Signature:_____ Dated:_____