## Insurance Fax Cover Sheet

| Fax To    |               |
|-----------|---------------|
| Fax #     |               |
| Today's I | <b>)</b> ate  |
| Claim #   |               |
| Name of 2 | Insurance     |
|           |               |
|           |               |
|           |               |
|           |               |
| Date of L | oss or Damage |
|           |               |