

# COVID-19 Information Claim Form

**WOOD GUTMANN & BOGART**

Insurance Brokers

Insured's Name/Business Name: \_\_\_\_\_

Insured's Contact Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

## CLAIM TYPE (Complete section that applies to your claim)

### PROPERTY

Date of Loss (or Date loss started for Business Interruption): \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Description of Loss: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### GENERAL LIABILITY/EXCESS/UMBRELLA:

Date of Loss: \_\_\_\_\_ Location of Loss: \_\_\_\_\_

Description of Loss: \_\_\_\_\_

Claimant's Name and Contact Information: \_\_\_\_\_

Describe Injury/Property Damage: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### PROFESSIONAL LIABILITY/EMPLOYMENT PRACTICES LIABILITY/DIRECTORS & OFFICERS LIABILITY:

Date First Received Notice of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Claimant's Name and Contact Information: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Email a completed copy of this form to [covidclaims@wgbib.com](mailto:covidclaims@wgbib.com)

*A member of Wood Gutmann & Bogart's claims teams will email you a confirmation once your claim has been tendered to your insurance carrier. If you have any questions, please call (714) 505-7000.*

### FORM COMPLETED BY

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_