

**CATHOLIC MUTUAL GROUP
LOSS REPORTED BY PHONE/MAIL
(LIABILITY/MP)**

CODE _____

FILE NO. _____

X-REF _____

PAGE NO _____

DATE & TIME _____

RECEIVED BY _____

*DIOCESE _____

LOCATION

PERSON REPORTING/TO CONTACT _____

*PARISH OR INSTITUTION _____

*STREET ADDRESS _____

*CITY/STATE _____ ZIP _____ PHONE _____ EXT _____

EMAIL ADDRESS: _____ OR _____ EXT _____

LIABILITY CLAIM

*TYPE OF INJURY _____

*WHERE/HOW DID LOSS OCCUR _____

*CLAIMANT'S NAME _____ DOB _____ SSN _____

*CLAIMANT'S ADDRESS _____

*DATE OF LOSS _____ SEX _____ STUDENT _____ PHONE _____

Dio Loss Res MP _____ BI _____ PD _____ Loss Res MP _____ BI _____ PD _____

Dio Exp Res _____ Exp Res _____

Dio Legal Res _____ Legal Res _____

ASSIGNMENT

ADJ _____ PHONE _____ EXT _____

CITY/STATE _____ ZIP _____ FAX # _____

DATE ASSIGNED _____ EMAIL ADDRESS: _____

COMMENTS