

# LOSS GUARD CLAIMS FORM

**Submission Date:** \_\_\_\_\_

1. Name of Customer \_\_\_\_\_
2. Name of Primary Insurer \_\_\_\_\_
3. Primary Insurer Policy No. \_\_\_\_\_
4. Primary Insurer Adjuster Name & Contact Information \_\_\_\_\_
5. Description of Damage \_\_\_\_\_
6. Date of Roof Damage \_\_\_\_\_
7. Advise Whether Roof Is Leaking \_\_\_\_\_

**ALL FIELDS MUST BE COMPLETED PRIOR TO SUBMISSION. INCOMPLETE FORMS WILL NOT BE PROCESSED. All CLAIMS FORMS SHOULD BE SUBMITTED TO CUSTOMERSUPPORT@USCS.LTD**