

General Information Needed To Report a GL / PL Claim

LOSS INFORMATION

POLICY ADMINISTRATOR NAME:

POLICY NUMBER:

DATE OF LOSS:

LOCATION ADDRESS OF LOSS:

DESCRIPTION OF LOSS:

CLAIMANT NAME AND CONTACT
INFORMATION (if available):

INSURED / FAMILY CONTACT INFORMATION

NAME:

PHONE #:

EMAIL ADDRESS:

POLICY ADMINISTRATOR CONTACT PERSON INFORMATION

NAME:

PHONE #:

EMAIL ADDRESS:

REPORT CLAIMS TO:

Email networknewloss@networkadjusters.com
CC isaclaimssupport@siegelagency.com
diane.scales@mjinsurance.com

Or call the 24 hour call center

Phone 877.533.1211 option 5

****Any supporting documentation regarding the incident should be included when submitting a claim (i.e.: for a GL / PL loss – a facility incident report)**