



CLAIM REFERRAL FORM

Insured or Claimant:

Address and Phone:

Insured's or Claimant's Occupation:

Claim No:

Date of Loss & Loss Period:

Policy Limits (Monthly):

Insurance Company:

Claim Rep / Adjuster:

Address:

Phone:

Fax:

Email:

Attorney / Public Adjuster:

Contact:

Address:

Phone:

Fax:

Email:

For No-Fault Claims, please enclose NYS Form NF-7, NYS Form NF-2, and income tax returns.

For Business Interruption Claims, please enclose a copy of the policy, declaration page, and a description of the claim, along with the applicable financial records.

EMAIL:

Business Interruption Claims

Sophia Acer

sacer@saxadvisorygroup.com

No Fault Claims

Abigail Donohue

adonohue@saxadvisorygroup.com

MAIL:

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