



# CLAIMS FORM - NOTICE OF LOSS

Save and Email to: [groupclaims@worthavegroup.com](mailto:groupclaims@worthavegroup.com)

Company/School Name

Blackstone Millville Regional School District

Policy Holder/Student

Shipping Address

175 Lincoln Street

City/ State/ Zip

Blackstone MA 01504

Policy Number

Coverage/ Deductible

200.00 0.00

Contact Person

Contact Email

Contact Phone

Type of Loss

Accidental Damage  Theft  Vandalism  Power Surge by Lightning

Fire/Flood/Natural Disaster  Other

Shipping Materials

No Box Needed (families pick up box from school)

Date of Incident

Make/ Model

Serial Number

Describe in Detail the Circumstances of the Incident

Known Damage to the Unit

Billing/Pymnt. Remit Name

Blackstone Millville Regional School District

Billing/ Pymnt. Remit Email

[techinfo@bmrdsd.net](mailto:techinfo@bmrdsd.net)

Mailing Address

175 Lincoln Street

City/State/Zip

Blackstone MA 01504

**Please Note:** Claim checks are issued to the name and address entered in these fields. Please make sure they are properly filled out to avoid the reissuing of this claim check.

## SWORN STATEMENT

I affirm that the above information is true and correct to the best of my knowledge.

We must advise you that any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Type Name Below

Date Below

