



CLAIMS FORM - NOTICE OF LOSS

P.O Box 2077
Stillwater, OK 74076
Toll Free: (800) 620-2885
Fax: (405) 708-5240
Email: claims@worthavegroup.com

Customer Name

StudentName

Mailing Address

City/ State/ Zip

Policy Number

Coverage/ Deductible

Contact Person

Contact Email

Contact Phone

Type of Loss

- Accidental Damage Theft Vandalism
 Fire/Flood/Natural Disaster Power Surge by Lightning

Date of Incident

Make/ Model

Serial Number

- Email Label Only
 Box and Label

Describe in Detail the Circumstances of the Incident

Michele Bosler
Claim Adjuster
michele@nssi.com
405-533-7919
Fax 405-334-5418

