

## CLAIM FORM

To expedite the claim process, please complete this form in its entirety.

POLICY INFORMATION	
<b>Policy/Bond Number:</b>	
<b>Today's Date:</b>	
<b>Date of Loss:</b>	

INSURED INFORMATION	
<b>Insured Contact Name:</b>	
<b>Insured Contact Email:</b>	
<b>Insured Contact Phone:</b>	
<b>Insured Contact Address:</b>	

DESCRIPTION OF LOSS	
<b>Location of Occurrence (City &amp; State):</b>	
<b>Nature of Claim:</b>	<input type="checkbox"/> Bodily Injury <input type="checkbox"/> Construction Defect <input type="checkbox"/> Property Damage
<b>Description of Occurrence:</b>	
<b>Scope of Work:</b>	
<b>Date Work Started:</b>	
<b>Date Work Completed:</b>	
<b>Insured Contractor License Number:</b>	

CLAIMANT INFORMATION	
<b>Claimant Name:</b>	
<b>Claimant Email:</b>	
<b>Claimant Phone:</b>	
<b>Claimant Address:</b>	

CLAIM SUBMITTED BY	
<b>Claim Reported By:</b>	
<b>Relationship to Claim:</b>	
<b>Claim Reporting Contact Email:</b>	

Form Submitted By: \_\_\_\_\_  
(Printed Name) (Signature)

Insurance fraud is illegal. Any person or entity who knowingly and with the intent to defraud an insurer submits an application of insurance or files a statement of claim with a third party administrator containing any false, fraudulent, deceptive, incomplete or misleading information, may be subject to civil penalties and criminal prosecution for insurance fraud.

Report a loss via Fax: Fax to 866-531-1064 | Report a Loss Via Email: [claims@gstateca.com](mailto:claims@gstateca.com) | Report Via Mail: 2244 Faraday Ave., #126, Carlsbad, CA 92008