

## 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)

*For your protection, this information is provided as required by applicable State and Federal law. Any person who knowingly presents false, fraudulent, misleading, incomplete or misleading facts or information or aids, abets, solicits, or conspires with any person to do so, for the purpose of obtaining insurance coverage, amending insurance coverage, seeking insurance benefits or to make a claim for the payment of a loss, is unlawful and is guilty of a crime and may be subject to fines and confinement in state or federal prison.*

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