

FinSecure TrustPro Notice of Claim

In the event of a claim, please complete as much of this form as possible and send to: FinSecure at claims@finsecure.net or Fax 1-866-915-7879

Insured Name: _____

Policy Number: _____

Name of Insured Contact: _____

Phone number of Insured Contact: _____

E-mail address of Insured Contact: _____

Name of Trust: _____

Trust/Asset Number: _____

Location of Loss: _____

Date of Loss: _____

Description of Loss: _____

Witnesses name and phone numbers: _____

Liability claims only – Claimant Name: _____

Claimant Contact information: _____

Claimant injuries or damage: _____

THANKS FOR TAKING THE TIME TO COMPLETE THIS FORM.
A CLAIM ADJUSTER WILL BE IN CONTACT WITH YOU SHORTLY.