

First Notice of Claim

GENERAL INFORMATION

NAMED INSURED:
ADDRESS:
CITY, STATE, ZIP CODE:
TELEPHONE:
CONTACT:
EMAIL:
PRODUCTION/PROJECT NAME:

LOSS INFORMATION – INSURED PARTY

DATE/LOCATION OF LOSS:
DRIVER/EQUIP OPERATOR NAME& CONTACT INFO:
INVOLVED VEH/EQUIP (YR, MAKE, MODEL):
INVOLVED VEH/EQUIP. OWNER:
COMPLETE DESCRIPTION OF LOSS:
ESTIMATE OF LOSS:

OTHER PARTY INFORMATION (CLAIMANT)

NAME:
ADDRESS:
TELEPHONE:
CONTACT:
INVOLVED VEH/EQUIP:

HOW TO SUBMIT A CLAIM

Please include the following when submitting a claim:

- Completed First Notice of Claim
 - Rental Agreement with "Terms and Conditions" (For Equipment, Vehicles, or Location losses)
 - Certificate of Insurance issued to vendor/claimant
 - Deal Memo (if Property was rented from employee or Independent Contractor of Production Company)
 - Accident Report (if applicable)
 - Repair or Replacement invoices
 - Original Production budget (if claim involves Negative Damage or Extra Expenses)
- *Please note:** All checks will be made payable to both the Production Company AND the Claimant unless proof is submitted that claimant has been paid.

****IF CLAIM INVOLVES THEFT OR AUTO ACCIDENT, PLEASE INCLUDE POLICE REPORT.**

PLEASE FORWARD THE ABOVE INFORMATION TO:

Tina Bodzsar
Claims Account Manager
Arthur J. Gallagher Risk Management Services
Arthur J. Gallagher & Companies Insurance Brokers of California, Inc.
505 N. Brand Blvd., Suite #600
Glendale, CA 91203-3944
(818) 539-1243 Direct Line
(818) 539-1543 Direct Fax
tina_bodzsar@ajg.com

For your protection, California law requires the following to appear on this form:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.