

## **PLEASE REPORT ALL CLAIMS WITHIN 24 HOURS**

**When submitting a claim, please include:**

- 1. Policyholder name and policy number**
- 2. Policyholder contact information; full name, phone number and email address**
- 3. Full names of those involved in the loss**
- 4. Date and time the loss occurred**
- 5. Full address where the loss occurred**
- 6. A brief description of what occurred**
- 7. Include documents and information if available, such as copies of police/fire/accident reports, report numbers, photos, etc.**

**Submit All Claims to:**

**McNeil & Company:**

**Email: [loss\\_notice@mcneilandcompany.com](mailto:loss_notice@mcneilandcompany.com); or**

**Call: 800-822-3747 ext. 525**