



GREAT AMERICAN INSURANCE Group
FIS PROPERTY CLAIMS DIVISION
 301 East Fourth Street, 20th Floor, Cincinnati, OH 45202
 Claims Phone: (877) 429-3826

Email Address: claimsteam@goldeneagle-insurance.com

Producer Name: _____ Submitted By: _____
 Phone and Email: _____ Phone and Email: _____

Named Insured

Name and Address: _____ Contact Name: _____

 Phone #: _____ E-mail: _____

Coverage

Policy #: _____	Certificate #: _____
Bank Loan #: _____	Inception Date: _____
	Expiration Date: _____

Check One of Each Category:

- 1) Dwelling or Building 3) Lender Placed Real Estate Owned Investor
 2) Vacant or Occupied 4) Notice of Insurance attached: Yes No

Check Policy Type

Hazard Flood Only Wind Only Other

Coverage Amounts

Dwelling	Other structures	Personal Property	Loss of Use	Deductibles	Other – please describe

Subject to Forms

(insert form numbers, Edition dates, special Deductibles)

Named Insured Interest: Owner Property Manager Receiver/Trustee Other

Mortgagee(s) Name: _____

No Mortgagee(s) (please check if none exists on loss location)

Additional Insured(s) Name: _____

No Additional Insured(s) (please check if none exists on loss location)

Loss

Facts of Loss: _____

Date of Loss: _____ **Date of Discovery:** _____

Damage Description: _____

Damages Reported By: _____ **Date Reported:** _____

Phone # and E-mail: _____

Police or Fire Dept to which reported: _____

Contact Information (whom to contact for loss description and access)

Name/Relationship: _____

Phone #: _____ **E-mail:** _____

Other Insurance

Carrier Name: _____	Prior <input type="checkbox"/>	Current <input type="checkbox"/>
Effective Dates of Coverage: From _____ To _____		
Policy Number: _____		
Agent Name: _____	Phone #: _____	

Form was completed by: _____ **Date:** _____

Submit all information via email to claimsteam@goldeneagle-insurance.com