

CLAIM COVER SHEET

iVOS CLAIM # _____

Auto EPL GL Property

INCIDENT INFORMATION		<input type="checkbox"/> Incident Only
File Name:		
Date of Incident/Loss:	RM DOK:	
Sedgwick Examiner:		Phone #:
ORG:	DIV:	Dept:
Claim Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		

INITIAL POINT OF CONTACT	
Name:	Department:
Work #:	Cell #:

PROPERTY <input type="checkbox"/> Building <input type="checkbox"/> Business Income <input type="checkbox"/> Contents <input type="checkbox"/> Extra Expense	AUTO Owned by: <input type="checkbox"/> Fleet <input type="checkbox"/> Dept
Cause:	
Damages:	
Location:	
Vehicle #:	FAU #:

LIABILITY	<input type="checkbox"/> Represented <input type="checkbox"/> Litigated
Claim(s):	
Defense Atty/Firm:	Phone #:
OGC Monitor:	

OTHER <input type="checkbox"/> Boiler <input type="checkbox"/> Builders <input type="checkbox"/> Cyber <input type="checkbox"/> Fine Arts <input type="checkbox"/> Marine <input type="checkbox"/> _____	
Cause:	
Details:	
Examiner/Carrier:	Phone #:

iVOS Updated Preventive Actions Completed File Back Rev. 12/2/22

