

Crime Loss Report

BROKER INFORMATION	DATE AND TIME OF LOSS INFORMATION
Alliant Insurance Services, Inc. 100 Pine Street, 11 th Floor San Francisco, CA 94111-5101 Phone (415) 403-1400 Fax (415) 403-1466	Date of Report of Loss Date of Loss Date of Discovery Time of Loss Previously Reported? Yes <input type="checkbox"/> No <input type="checkbox"/>
INSURANCE COMPANY AND POLICY INFORMATION	
Insurance Company Policy Number Effective Date Deductible Loss Payee Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Loss Payee	
INSURED	CONTACT INFORMATION
(Empty space for Insured name)	Name and Address Email Phone No. Fax No.
LOSS DETAILS	
Location of Loss	Estimated Amount of Total Loss (if known)
Type of Loss <input type="checkbox"/> Employee Theft <input type="checkbox"/> Faithful Performance <input type="checkbox"/> Forgery or Alteration <input type="checkbox"/> Credit, Debit or Charge Card Forgery <input type="checkbox"/> Inside the Premises-Theft of Money and Securities <input type="checkbox"/> Inside the Premises-Robbery or Safe Burglary of Other Property <input type="checkbox"/> Outside the Premises <input type="checkbox"/> Computer Fraud <input type="checkbox"/> Funds Transfer Fraud <input type="checkbox"/> Money Orders and Counterfeit Money <input type="checkbox"/> Impersonation Fraud <input type="checkbox"/> Vendor Theft <input type="checkbox"/> Other	How did loss occur? How long did the loss occur before it was discovered? How was the loss discovered and by whom? Did the individual involved have any prior dishonesty? Were charges pressed against the individual?
DESCRIPTION OF LOSS	
(Empty space for description)	
ANY RECOVERY OR SALVAGE?	
(Empty space for recovery)	
REMARKS/OTHER INSURANCE	
(Empty space for remarks)	
Reported to	

Crime Loss Report

Please forward a copy of the loss to the following

Alliant Claim Advocates:

Alliant Insurance Services, Inc.

Attn: Elaine Tizon, Assistant Vice President

100 Pine Street, 11th Floor

San Francisco, CA 94111

Phone: 415-403-1458

Fax: 415-403-1458

E-Mail:

Elaine.Tizon@alliant.com

Alliant Insurance Services, Inc.

Attn: Robert Frey, Senior Vice President

100 Pine Street, 11th Floor

San Francisco, CA 94111

Phone: 415-403-1400 Fax:

415-403-1466

E-Mail: rfrey@alliant.com

Also Please forward a copy of the loss to:

AIG

Financial Lines Claims

P.O. Box 25947

Shawnee Mission, KS 66225

Fax: 866-227-1750

Email: c-claim@aig.com