



# First Notice of Claim Loss and Damage Form

## GENERAL INFORMATION

1. Named Insured: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Production/Project Name: \_\_\_\_\_

## LOSS INFORMATION—INSURED PARTY

8. Date/loss location (*include full address and set name if applicable*):
9. Driver/equipment operator names and contact info (*if applicable*):
10. Involved vehicle/equipment (*year, make, and model, if applicable*):
11. Involved vehicle/equipment owner (*if applicable*):
12. Complete description of loss:
13. Estimate of loss:

## SUBMIT THIS FORM

- ▶ Please complete and return this form via email to one of the following:  
*Direct to insurance carrier:* [entertainment-claims@intactinsurance.com](mailto:entertainment-claims@intactinsurance.com)  
*To program administrator who will ensure it is filed with the carrier:* [scott.carroll@take1insurance.com](mailto:scott.carroll@take1insurance.com)