First Notice of Claim

# *GENERAL INFORMATION*

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| **NAMED INSURED:**  |
| **ADDRESS:** |
| **CITY, STATE, ZIP CODE:** |
| **TELEPHONE:** |
| **CONTACT:** |
| **EMAIL:** |
| **PRODUCTION/PROJECT NAME:**  |

# *LOSS INFORMATION – INSURED PARTY*

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| --- |
| **DATE/LOCATION OF LOSS:** |
| **DRIVER/EQUIP OPERATOR NAME& CONTACT INFO:** |
| **INVOLVED VEH/EQUIP (YR, MAKE, MODEL):** |
| **INVOLVED VEH/EQUIP. OWNER:** |
| **COMPLETE DESCRIPTION OF LOSS:** |
|  |
|  |
|  |
|  |
|  |
| **ESTIMATE OF LOSS:** |

***OTHER PARTY INFORMATION (CLAIMANT)***

|  |
| --- |
| **NAME:**  |
| **ADDRESS:**  |
| **TELEPHONE:**  |
| **CONTACT:**  |
| **INVOLVED VEH/EQUIP:** |

**HOW TO SUBMIT A CLAIM**

**Please include the following when submitting a claim:**

-Completed First Notice of Claim

-Rental Agreement with “Terms and Conditions” (For Equipment, Vehicles, or Location losses)

-Certificate of Insurance issued to vendor/claimant

-Deal Memo (if Property was rented from employee or Independent Contractor of Production Company)

-Accident Report (if applicable)

-Repair or Replacement invoices

-Original Production budget (if claim involves Negative Damage or Extra Expenses)

**\*Please note:** All checks will be made payable to both the Production Company AND the Claimant unless proof is submitted that claimant has been paid.

\*\*IF CLAIM INVOLVES THEFT OR AUTO ACCIDENT, PLEASE INCLUDE POLICE REPORT.

**For your protection, California law requires the following to appear on this form:**

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**