



# CLAIM FORM - NOTICE OF LOSS

Email to [groupclaims@worthavegroup.com](mailto:groupclaims@worthavegroup.com) or Fax to 405-334-5418

School Name	Bedford High School		
Policy Holder/Student			
Shipping Address	9 Mudge Way		
City/State/Zip	Bedford	MA	01730
Policy Number			
Coverage/Deductible			
Contact Person	Peter Carlson-Bancroft		
Contact Email	peter_carlson-bancroft@bedford.k12.ma.us		
Contact Phone	781-275-1700		
Type of Loss	<input type="checkbox"/> Accidental Damage <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Power Surge by Lightning <input type="checkbox"/> Fire/Flood/Natural Disaster <input type="checkbox"/> Other		
Shipping Materials	<input type="checkbox"/> I NEED A BOX <input checked="" type="checkbox"/> I DO NOT NEED A BOX		

Date of Incident	
Make/Model	iPad
Serial Number	

Describe in Detail the Circumstances of the Incident

Known Damage to the Unit

Billing/Pymnt. Remit Name	Bedford Public Schools	<b>Please Note:</b> Claim checks are issued to the name and address entered in these fields. Make sure this is properly filled out.
Billing/Pymnt. Remit Email	peter_carlson-bancroft@bedford.k12.ma.us	
Mailing Address	9 Mudge Way	
City/State/Zip	Bedford MA 01730	

**SWORN STATEMENT**

*I affirm that the above information is true and correct to the best of my knowledge. (We must advise you that any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.)*

Name	Date

