

**COLORADO SCHOOL OF MINES
FIRST REPORT OF CLAIMS FOR DAMAGES / LOSS
PROPERTY, LIABILITY, AND AUTO CLAIMS**

Kim Case , Account Executive , 970-506-3213 office
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Today's Date: _____

Contact
Name: Natalie Vega
Phone
Number: 303.273.3569
Email
Address: nvega@mines.edu

Date of alleged loss _____

Time of
loss _____

| | |
|--------------------------------|-------------------------------|
| Name of Claimant | |
| Business Name (if applicable): | Colorado School of Mines |
| | Address: 1500 Illinois Street |
| | Phone: 303.273.3569 |

Description of loss:

Property Claim Information

Property Address:

Auto Claim Information

Insured Information:

Drivers Name: _____

Year, Make, Model: _____

Vin No. _____

Claimant Information:

Drivers Name: _____

Year, Make, Model: _____

Vin No. (if available) _____