

Ohio FAIR Plan Underwriting Association

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Columbus, OH 43231

(614) 839-6446 FAX (614) 839-1468

Policy No: _____

Policy Term: _____

Today's Date: _____

Date/Time of Loss: _____

Type of Loss: _____

Insured: _____

Person to Contact: _____

Phone: _____

Res. _____ Bus. _____

Other: _____

LOSS:

Location: _____

Description: _____

Tenants: _____

POLICY INFORMATION:

Forms: _____

Limits: Bldg: _____

Conts: _____

OTHER COVERAGE:

Other Insurance: _____

AGENT: _____

Agent Phone No.: _____