

## Policy and Claim Reporting Information Directory

Coverage	Immediately report claims directly to	
Carrier:	Carrier/TPA name:	
Policy number:	Phone:	
Effective date:	Email:	
	Web:	
Coverage	Immediately report claims directly to	
Carrier:	Carrier/TPA name:	
Policy number:	Phone:	
Effective date:	Email:	
	Web:	
Coverage	Immediately report claims directly to	
Coverage Carrier:	Immediately report claims directly to  Carrier/TPA name:	
Carrier:	Carrier/TPA name:	
Carrier: Policy number:	Carrier/TPA name:  Phone:	
Carrier: Policy number:	Carrier/TPA name:  Phone:  Email:	
Carrier: Policy number:	Carrier/TPA name:  Phone:  Email:	
Carrier: Policy number: Effective date:	Carrier/TPA name:  Phone:  Email:  Web:	
Carrier: Policy number: Effective date:  Coverage	Carrier/TPA name:  Phone:  Email:  Web:  Immediately report claims directly to	
Carrier:  Policy number:  Effective date:  Coverage  Carrier:	Carrier/TPA name:  Phone:  Email:  Web:  Immediately report claims directly to  Carrier/TPA name:	
Carrier:  Policy number:  Effective date:  Coverage  Carrier:  Policy number:	Carrier/TPA name:  Phone:  Email:  Web:  Immediately report claims directly to  Carrier/TPA name:  Phone:	

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