



INTERNATIONAL MANAGERS INC. CLAIM FORM

Name: _____ Address: _____

City: _____ State: _____ Telephone: (____) _____

Date of Incident: _____ Location of Incident: _____

Facts of the Incident _____

Property Damaged in the Incident: _____

Owner or Operator of Property Damaged: _____

Estimate of Amount of Damage: _____

Name of anyone who was injured in the Incident: _____

List Injuries: _____

Witnesses (Name & Phone Number): _____

Did Police or Fire Department Respond: _____ Name of Department: _____

Other Parties Involved in Incident: _____

Additional Information: _____

To file a claim, please complete the form and fax it to IMI at your earliest convenience. When we have reviewed the form, we will contact you to begin the claim investigation. Please contact our office if you have any questions.

INTERNATIONAL MANAGERS, INC.
5949 Sherry Lane Ste. 1175
Dallas, TX 75225
214-884-1800 phone
214-884-1801 fax