My Student Property Insurance Claim Form

Student's Name:	Policy Number:
Parent's Name:	Email:
Home address:	Phone number:
School Attending:	
	:
Please attach copies of the following	ng:
If a Theft:	
- Copy of police report	
- Copy of my Driver's license	
- Proof of ownership, i.e. pictures,	or receipts
If Damaged:	
	of the loss. A Claims Adjustor will contact you and advise.
Replacement Cost:	
Date sent in:	Signature of claim submitter:
Claims are reported to :	(866) 819-0209 (Toll Free)
Risk Strategies Company	(847) 501-2563 (Fax)
333 W. Wacker Drive, Suite 1950	sbrelie@risk-strategies.com (Email)
Chicago, IL 60606	23.22

^{*}retain a copy for your records