

# CLAIM FORM



## Worth Ave. Group

P.O. Box 2077  
Stillwater, OK 74076  
Toll free: 800-620-2885  
Fax: 405.372.9584  
E-mail: [claims@worthavegroup.com](mailto:claims@worthavegroup.com)

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1. **Name of School:** St. Thomas More Catholic School
2. **Policy Number:**
3. **Serial Number:**
4. **Type of Incident (check one):** Accidental damage [ ] Theft [ ] Vandalism [ ]  
Fire/Flood/Natural disaster [ ] Power surge due to lightning [ ]
5. **Police Report Number (For theft and vandalism claims only):**
6. **Date of Incident:**
7. **Location of Incident:**
8. **Describe In Detail The Circumstances of Incident:**

**Please specify where and who to remit payment:**

**Name:**

**Address:**

## SWORN STATEMENT

I, \_\_\_\_\_, (signed by an authorized representative of St. Thomas More Catholic School) affirm that the above information is true and correct to the best of my knowledge.

*We must advise you that any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.*

