

Report a Claim

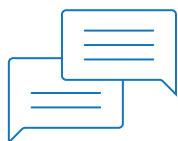
Tell us what happened and we'll immediately get to work on your claim.



(844) 256-0716 *available 24/7*



BTISClaims@ccmsi.com



(217) 477-5920 *fax*

Please complete the report of incident form for prompt handling of your claim.

Send by email or fax.

Report of Incident form


Please complete this form in detail to assure prompt handling of your claim.



Policyholder Information

Policy #: Policyholder Name:
Address: Phone:
Name of Person Reporting: Title:

General Information

Date of Loss/Accident:  Report Type: ☐ Claim ☐ Report Only
Coverage Type:
General Liability - Bodily Injury ☐ Yes ☐ No Product Liability - Bodily Injury ☐ Yes ☐ No
General Liability - Property Damage ☐ Yes ☐ No Product Liability - Property Damage ☐ Yes ☐ No


Claimant Personal Information

Claimant Type: ☐ Person ☐ Entity
Claimant Name: Phone:
Physical Address:

Incident Information

Accident State: State of Jurisdiction:

Accident Description:

Date Reported: 

Reported By (*print Name and Phone #*):

X

Reported By (*sign & date*):

X

Report claim to:
Cannon Cochran Management Services, Inc.

Fax: (217) 477-5920
Email: BTISClaims@ccmsi.com
Phone: (844) 256-0716