



Rug Claim Notification

Date _____

Adjuster Info

Contact Name _____ Email _____

Company _____

Phone _____ Fax _____ Cell _____

Insurance Carrier _____ Claim/File # _____ #Rugs in Claim _____

Billing Info

Company _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Web _____

Insured's Info

Name _____ Email _____

Address _____

City _____ State _____ ZIP _____

Work _____ Home _____ Cell _____

Location of Rugs (if different from above)

Name _____ Email _____

Address _____

City _____ State _____ ZIP _____

Work _____ Home _____ Cell _____

Brief Description of the Cause/Nature of Loss and Current Condition of Rugs: _____

If you have any questions, call:

Steve Boodakian: 617.721.9232 or Sy Mahfuz: 603.759.5193

Please send this form by fax or email and we will contact you to discuss the best way to proceed.

Email: claims@meraconsulting.com or Fax: 1.866.880.9989