



SC J.U.A LOSS NOTICE

Report Date: _____ Date of Incident: _____

JUA Policy Number: _____

Insured: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Contact Person (if applicable) : _____

Contact Phone: _____

Summons and Complaint*: _____ Yes _____ No If yes, Date of Service: _____

***IF YOU HAVE RECEIVED S&C, CONTACT A JUA CLAIMS SPECIALIST IMMEDIATELY**

Letter of Representation: _____ Yes _____ No

Request for Records: _____ Yes _____ No

Description of Loss: _____

Date: _____ Person Taking Report: _____

Address: _____

Please mail or fax this report to the following:

Postal Address: Marsh/SCJUA; P.O. Box 128, Greenville, SC 29602-0128

Physical Address: 550 S. Main Street, Suite 600, Greenville, SC 29601

Fax Number: (864) 240-2750

Phone Number: (864) 240-5455

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