PERSONAL EFFECTS CLAIM FORM

Instructions for Completion of Claim Form

- Complete Form
- Attach Copy of Rental Agreement
- Attach Copy of Police Report (where applicable)
- Complete List of Items Damaged or Lost (attach list with additional items if applicable)
- Attach Appropriate Documentation (bills, receipts, cancelled checks)
- **Mail all listed above to:**

ESIS
Attn Frank Orr, PO Box 6562
Scranton, PA 18505

COMPANY USE ONLY

RENTAL OFFICE USE ONLY

Make and License No. of Rented Vehicle	
Owning City	Rental Agreement No.
Renting City	Rental Agreement No.
Is Rental Location: ☐Corporate ☐ Licensee	
Name of Customer Who Signed RA:	

Renter:

Full Name	Date of Report	Date of Loss	Time ☐AM ☐PM
Address	Home Telephone No.	Loss Occurred at:	
City State	Business Telephone No.		
Rental Agreement No.	Date of Rental	Where Rented	Vehicle No.

Claimant:

Full Name		Claimant Is ☐ Renter ☐ Member of Renter's Family	
Address		Telephone No.	
State How Loss Occurred			
Police Report Filed Date ☐ Yes ☐ No	Agency Where Report Filed	Report No.	Copy Attached ☐ Yes ☐ No
Signature of Claimant	Date	Estimated Amount of Damages $	

Items Damaged or Lost

Description	Quantity	Purchase Price	Date and Place of Purchase	Receipt Attached