



**LSB FINANCIAL**  
**CLAIM INFORMATION FORM**

Please print a copy of this and keep on hand.

Insured's Name: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Claimant address: \_\_\_\_\_  
Street State Zip

Claimant Contact number(s): \_\_\_\_\_  
Home Cell Work

Describe loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle/ piece of equipment involved: \_\_\_\_\_  
Year Make Last 4 of VIN