



Glass Only Report

Thoroughly complete this report and send it, along with additional supporting documentation, to your agent.

Named Member: _____ Policy #: _____ Date: ____/____/____

Member Contact Person: _____ Title: _____

Member Mailing Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: (____) _____

Contact for the claim? Yes No If No, Contact Name: _____ Phone: (____) _____

Agency: _____ Agency Contact Person/Title: _____

Email Address: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Date of Incident: ____/____/____

Member Vehicle: Unit #: _____ Year: _____ Make: _____ Model: _____

Last 5 Digits of VIN: _____ Describe Damage: _____

Driver Name: _____ Phone: (____) _____

Has the unit been taken to a shop? Yes No

If Yes, Shop Name: _____ Phone: (____) _____