LOSS RUN REQUEST

Please complete as much information as possible

Return to lossruns@oscis.com

OSC INSURANCE SERVICES

POLICY INFORMATION

Insured Name: _____

Insured Address: _____

Policy Number: _____

Dates of Coverage: _____

Location Address: _____

FORM COMPLETED BY

Name:_____

Title: _____

Email: _____

Overby-Seawell Company
P.O. Box 100006 | Kennesaw, GA 30156 | 800.432.1259 | Fax: 770.281.1032 | claims@oscis.com
CA Insurance Lic. #0G13592 10/13/23

STEAMBOAT GROUP