



INSURANCE CLAIM

Please complete and send it to us by one of the following options.

Email

claiminfo@colonialsurety.com

Fax

866-449-8004

Mail

Colonial Surety Company
123 Tice Blvd, Suite 250
Woodcliff Lake, NJ, 07677

CLAIM INFORMATION

Policy Number

Claim Amount (Optional)

POLICYHOLDER INFORMATION

Insured Name

Street Address

Street Address (Optional)

City

State

ZIP Code

CONTACT INFORMATION

Contact Name

Contact Phone Number

Contact Email

Contact Fax (Optional)

Signature

Date