**Proof of Loss Accident Claim Form**

**Excess Liability & Automobile**

**The Volunteer Program Coordinator of the volunteer program should email or fax the claim form.**

This policy is excess over any personal liability coverage the volunteer may have (usually volunteers with homeowners or renters insurance have some personal liability on that policy). The volunteer’s primary coverage would be addressed concurrent with filing a volunteer claim.

* Part 1 – Must be completed by the entity.
* Part 2 – Must be completed by the volunteer.

**Part 1 – Insured**

Name of Entity

C/O SORM, 300 West 15th Street, 6th Floor Austin TX 78745

Address City State Zip Code

[sorminsuranceteam@sorm.texas.gov](mailto:sorminsuranceteam@sorm.texas.gov) (512) 936-1787

Email Phone

CIMA Policy Number

**Part 2 – Volunteer**

Name

              

Address City State Zip Code

           

Email Phone Mobile

     

Nature of Injury Date of Accident

Names of Owners of Damaged Property

     

Personal Liability Policy Number Claim Number

Adjuster’s Name