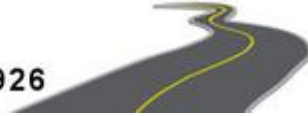


**AUTO GLASS INSURANCE CLAIMS**

**OFFICIAL PORTAL**

**Fast & Easy**

*Questions? CALL 1-800-232-7926*



**FAX TO 412-781-3622**

Policyholder's First Name: \_\_\_\_\_  
Policyholder's Last Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email (Optional): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Auto Insurance Company: \_\_\_\_\_  
Auto Insurance Policy Number: \_\_\_\_\_  
Date of Loss (or Approximate): \_\_\_\_\_  
Vehicle Year: \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_  
Vehicle Model: \_\_\_\_\_  
Body Style: \_\_\_\_\_

Which Piece of Auto Glass Is Damaged? (Check All That Apply)

- Front Windshield
- Driver-Side Front Window
- Passenger-Side Front Window
- Vent Window
- Rear Windshield
- Driver-Side Rear Window
- Passenger-Side Rear Window
- Other

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Agent Referral Information**

Insurance Agency: \_\_\_\_\_  
Agent Name: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_  
Agent Email: \_\_\_\_\_