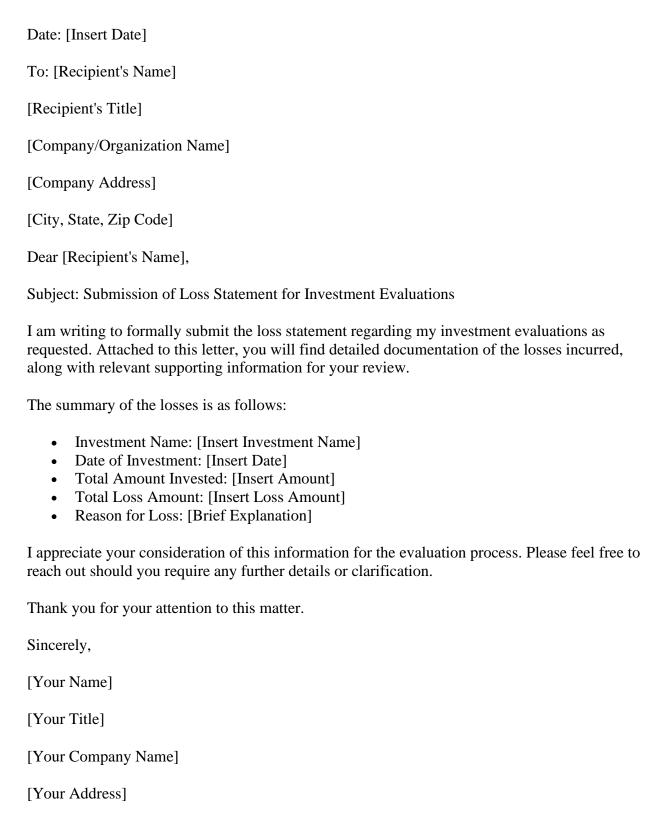
## **Loss Statement Submission**



[City, State, Zip Code]

[Your Email]

[Your Phone Number]