

# Fax

To: Lincoln General Insurance Company  
**ATTN: CLAIMS INTAKE UNIT**

---

Fax #: 717-751-0144

---

From Co: Phone:

---

Contact: Ext #:

---

E-mail: Fax #:

---

Date:

---

Pages: (including cover sheet)

---

Re: **1<sup>st</sup> Report of Loss**

---

● Comments: