PEI Mutual Claim Form
Schedule of Loss

Insured's Name	Policy Number
Address	Date

Item and Description	*When and Where Purchased*	*Original Cost*	*Replacement Cost*

Item and Description	*When and Where Purchased*	*Original Cost*	*Replacement Cost*
	Totals:	0	0

Clear All

As a Mutual company, our members needs are always at the forefront. This type of documentation is required in order to validate claims and ensure they are adjusted fairly. Diligent claims adjusting helps us to ensure that our rates remains fair, reasonable and as competitive as possible for our members.

Should you have any questions when completing this form, please contact your adjuster.

Please forward the completed form to your adjuster. If you do not know the name of your adjuster, email the completed form to: protect@peimutual.com