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Please email the completed form along with any supporting documents to your assigned specialist or kmorales@prismrisk.gov

RESERVE/PAYMENT UPDATE FORM

NOTE: Please complete the information below and return this form, along with any current reports or correspondence to our Liability Claims Department at your earliest convenience.

Entity:

Claimant:

D.O.L.:

Your File #:

Explanation of Change (as needed):

RESERVE UPDATE (Total Incurred)

Personal Injury:

Property Damage:

Legal:

Adjusting:

PAYMENT UPDATE (Total Paid to Date)

Personal Injury:

Property Damage:

Legal:

Adjusting:

Name:

Date: