



**Nancy K. Kopp**  
State Treasurer

**Bernadette T. Benik**  
Chief Deputy Treasurer

**Fax: 410-974-2865**

**NOTICE OF CLAIM FORM**

**DATE:** \_\_\_\_\_

**Nancy K. Kopp, Treasurer**  
c/o Insurance Division  
**Louis L. Goldstein Treasury Building**  
80 Calvert Street, Room 442  
Annapolis, Maryland 21401

**RE: STATE OF MARYLAND**

**Dear Treasurer Kopp:**

**Please accept this letter as my written notice of claim. The facts are as follows:**

- 1. My full name, address and phone number:** (Home#)  
(Work#)
  
- 2. Date & Time of Loss:**
  
- 3. Location of Loss:**
  
- 4. County:**

