



**Walsh Construction Company/VINCI Construction Grands Projects JV
Claim for Property Damage**

Name: _____

Address: _____

Phone number(s): _____

Date/time of loss: _____

Loss location (include nearest crossroads)

Dollar amount of loss: _____

Detailed explanation of incident:

Did you speak with a Walsh-Vinci JV employee at the job site? If so, what is the employee's name?

By signing, you certify the information provided is true and you understand that Walsh-Vinci JV prosecutes false claims to the fullest extent of the law.

Signature

Date

UPON COMPLETION OF THIS FORM, ATTACH ALL RECEIPTS, ESTIMATES, PHOTOGRAPHS, ETC. AND MAIL TO:

**Walsh Construction Company / VINCI Construction Grands Projets JV
Attn: Chad Conwell
1302 Port Road
Jeffersonville, Indiana 47130
Phone: 765-271-7266**