Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
Phone: (800) 752-8402 • Fax: (317) 776-6891
www.roushins.com • Email: quote@roushins.com

- ☐ **Deerfield Insurance Company**
- ☐ **Evanston Insurance Company**
- ☐ **Essex Insurance Company**
- ☐ **Markel American Insurance Company**
- ☐ **Markel Insurance Company**
- ☐ **Associated International Insurance Company**

EVACUATION EXPENSE REIMBURSEMENT FORM

1. Name of Insured:_____
2. Policy No.:_____
3. The Expenses to be reimbursed in the amount of $_____,
   and set forth in the following itemized statement (Attach itemized receipts which support and explain any one or more of the items.):

Date of Service	Description of Evacuation Expenses	Amount	Total
	Total Evacuation Expenses to be Reimbursed		

Signature: _____ Title: _____

Date: _____

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Submit to:

Medical Professional Team
Markel Service Incorporated
10 Parkway North
Deerfield, IL 60015
Fax: (847) 572-6377