



**75 Iron Point Circle, Suite 200**

**Folsom, CA 95630 (916) 850-7300**

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