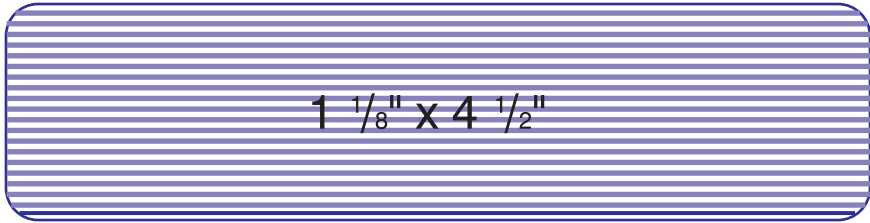


YOUR COMPANY NAME
P.O. BOX
STREET ADDRESS
CITY, STATE, ZIP CODE

4"



1 1/8" x 4 1/2"

FIRST CLASS MAIL

9 7/8"

PLEASE DO NOT BEND



**INSURANCE CLAIM
FORMS ENCLOSED**

NOTE: OPEN THIS ENVELOPE FROM OTHER END

