



CLAIM FORM

TODAY'S DATE _____

ACCOUNT NAME: _____

REPORTED BY: _____

PHONE#: _____ CELL#: _____ FAX#: _____

PROPERTY INFORMATION:

DATE OF LOSS/DISCOVERY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

VACANT OR OCCUPIED: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

PHONE#: _____ CELL#: _____ FAX#: _____

LOSS INFORMATION:

TYPE OF LOSS: WIND/HURRICANE FIRE LIGHTNING HAIL FREEZE

WATER DAMAGE VANDALISM THEFT OTHER: _____

Description of Damage: _____

POLICE / FIRE DEPARTMENT NOTIFIED?: No or Yes

If yes, name of police or fire department _____ CASE#: _____

VACANT PROPERTY INFORMATION:

DATE LAST INSPECTED: _____ DATE WINTERIZED: _____

DATE BOARDED & SECURED: _____