

PLEASE COMPLETE THIS FORM IN FULL.

FULL NAME: MR. MRS. MS. _____

LOCATION OF LOSS: _____
CITY STATE ZIPCODE COUNTY

CONTACT INFORMATION:

MAILING ADDRESS: _____
(IF DIFFERENT FROM LOCATION OF LOSS) CITY STATE ZIPCODE COUNTY

EMAIL ADDRESS: _____ @ _____

HOME PHONE: _____ HOME FAX: _____

CELL PHONE: _____ BUSINESS PHONE: _____

MORTGAGE COMPANY: _____ LOAN #: _____

ARE PAYMENTS CURRENT: _____ SECOND MORTGAGE: _____ LOAN #: _____

WHOSE NAME IS ON THE

DEED: _____ MORTGAGE: _____ INSURANCE POLICY: _____

WHO RESIDES IN THE DAMAGED PROPERTY: _____

INSURANCE COMPANY: _____ # YRS WITH CO. _____

CLAIM #: _____ POLICY #: _____

DATE PROPERTY WAS DAMAGED: _____ DATE CLAIM FILED WITH INSURER: _____

WHEN DID YOU FIRST NOTICE THE DAMAGE? _____

TYPE OF DAMAGE SUFFERED: (CIRCLE ALL THAT APPLY): HAIL WIND DAMAGE WATER INTRUSION FLOOD SINK HOLE

PREVIOUS CLAIMS W/ INSURANCE COMPANY (PLEASE EXPLAIN): _____

WHO ELSE HAS ASSISTED YOU IN THIS MATTER: _____

ROLE: _____ PHONE #: _____

WHY DO YOU WANT TO FILE A CLAIM WITH YOUR INSURANCE COMPANY? (PLEASE EXPLAIN): _____

WHAT AREAS OF YOUR HOME ARE DAMAGED? (PLEASE BE SPECIFIC): _____

WHAT REPAIRS OR PREVENTIVE MEASURES HAVE BEEN TAKEN SINCE YOU NOTICED THE DAMAGE? (PLEASE BE SPECIFIC):

Signing this form in no way creates an attorney client relationship. This form simply informs my office that you wish for someone to contact you regarding your insurance claim and does not bind any party to perform services or pay money.

SIGNATURE: _____ DATE: _____

Please submit the following documentation if available:

1. Photos or other documentation of the damaged area prior to repair.
2. Photos or other documentation of the damaged area prior to damage.
3. Receipts or invoices for all expenses incurred thus far as a result of this loss.
4. Contract for services with any other entity with whom you sought assistance.