

RESIDENTIAL PROPERTY DAMAGE CLAIM FORM

Please print clearly. Complete all sections to ensure timely processing of your claim.

1. POLICYHOLDER INFORMATION

Full Name:	<input type="text"/>	Policy Number:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>
Mailing Address:	<input type="text"/>		

2. DAMAGED PROPERTY DETAILS

Property Address: (If different from mailing)	<input type="text"/>		
Property Type: (e.g., Single Family, Condo)	<input type="text"/>	Occupancy Status: (Owner, Tenant, Vacant)	<input type="text"/>

3. DETAILS OF LOSS

Date of Loss / Occurrence:	<input type="text" value="MM/DD/YYYY"/>	Time of Loss:	<input type="text"/>
Cause of Damage: (e.g., Fire, Water, Wind, Theft)	<input type="text"/>		
Authority Contacted? (Police / Fire Dept - Yes/No)	<input type="text"/>	Report / Case Number:	<input type="text"/>

4. DESCRIPTION OF DAMAGE

Areas Damaged: (e.g., Roof, Kitchen, Basement)	<input type="text"/>		
Brief Description of Incident & Damage:	<input type="text"/> <input type="text"/> <input type="text"/>		
Is Property Habitable? (Yes/No)	<input type="text"/>	Estimated Repair Cost:	<input type="text"/>

5. AUTHORIZATION & SIGNATURE

By signing below, I declare that the information provided in this claim form is true, accurate, and complete to the best of my knowledge.

Claimant Signature:	<input type="text" value="Sign here upon printing"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
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