

INFO SHEET FOR FILING A DISASTER CLAIM

Date : _____ Referred by: _____ Sales Rep: _____

Property Address: _____ City _____ State _____ Zip _____

Last Name _____ First Name _____ Title _____

Home Phone / ___ / _____ Cell / ___ / _____ Other / ___ / _____

Contact _____ Relation _____ Phone / ___ / _____

Other Address: _____ City _____ State _____ Zip _____

Last Name _____ First Name _____ Title _____

Home Phone / ___ / _____ Cell / ___ / _____ Other / ___ / _____

Mortgage Company: _____ Loan# _____

Insurance Company: _____

Policy# _____ Claim # _____ Deductible _____

Building Adjuster: _____ Phone / ___ / _____ Fax / ___ / _____

Email: _____

Content Adjuster: _____ Phone / ___ / _____ Fax / ___ / _____

Email: _____

Other: _____ Phone / ___ / _____ Fax / ___ / _____

Email: _____

Type of Loss: Fire Water Mold Skunk Biohazard Other _____

Cause of Damage _____

Rooms and Areas Affected _____ Amount of Contents? _____ Heavy Medium Light

Type of Flooring Affected? _____

Problem Resolved? Yes No Standing Water Yes No Approx. # of inches _____ Power? Yes No

Mold Present? Yes No

Special Concerns/Notes: _____

Date of Loss _____ APT Schedule _____ / _____ / _____ Time _____ A.M. P.M.
Month Day Year

Directions: _____