

24/7 EMERGENCY RESPONSE

1-855-922-FIRE (3473)

6688 Joliet Rd., Unit 262, Indian Park Head, IL 60525

INFO SHEET FOR FILING A DISASTER CLAIM

Date :	Referred by:		Sales R	ep:		
Property Address:		(City	State	Zip	
Last Name	First Name _		Title			
Home Phone //	Cell // _		Other /_	/		
Contact	Relation		Phone /	_/		
Other Address:		City	y	State	Zip	
Last Name	First Name _		Title			
Home Phone //	Cell // _		Other /_	/		
Mortgage Company:			Loan#			
Insurance Company:						
Policy#	Claim #		Ded	uctible		
Building Adjuster:		_ Phone /	<i>I</i>	Fax //		
Email:		_				
Content Adjuster:		_Phone //	<i>I</i>	Fax //		
Email:		_				
Other:	Phone /	_/	Fax //			
Email:		_				
Type of Loss: O Fire	O Water O Mold O	Skunk O	Biohazard O Ot	her		
Cause of Damage						
Rooms and Areas Affected	d	Amount of	f Contents?	O Heavy	O Medium	O Light
Type of Flooring Affected	?					
Problem Resolved? O Ye	es O No Standing Wa	ter O Yes O	No Approx.#o	f inches	Power	? O Yes O N
Mold Present? O Yes O	No					
Special Concerns/Notes: _						
Date of Loss	APT Schodulo		Timo	○ A M	л <u>О</u> РМ	
Date 01 L033	Ar i Schedule	Month Day	Year	> A.IV	i. 🔾 F.IVI.	
Directions:						

Send form here: mailto:matt@genesis-inc.com