

INSURANCE CLAIM FORM

If you have suffered hurricane related damages inside your unit, please complete the below information to report your insurance claim. Your Association has a drop box, you may place this form in the drop box by the mailbox & it will be received. Insurance adjustors will be visiting your property soon to assess damages. Any claim payments will be made in the name of the Association. In the meantime, we urge you to take individual responsibility for your unit to protect your property from further damage. It is very important that you take photographs of the damage and keep your receipts for expenditures. The Association's insurance policy will not cover your personal possessions. If you have insurance coverage on your interior and your personal contents, you are responsible to notify your individual insurance company to report these claims. Please bear in mind that this is a trying time for everyone and we appreciate your patience.

ASSOCIATION NAME: _____

DATE OF CLAIM: _____

DATE OF LOSS: _____

OWNER NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

HOME PH: _____ WORK PH: _____ CELL: _____

FLOOD DAMAGE? YES _____ NO _____ DWELLING HABITABLE? YES _____ NO _____

PROBABLE AMOUNT OF LOSS (BUILDING ONLY): _____

DESCRIPTION OF LOSS: _____

HOMEOWNER POLICY INFO: (THIS IS COVERAGE YOU MAY HAVE PURCHASED INDIVIDUALLY ON YOUR INTERIOR AND YOUR PERSONAL CONTENTS.)

INSURANCE CO NAME: _____ POLICY NO: _____

FLOOD INSURANCE CO NAME: _____ POLICY NO: _____

Any person who knowingly and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony.

OWNER SIGNATURE: _____