

# Report of Claim

Submitted By:		Management		Email:	
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Association Name: \_\_\_\_\_  
 Community Address: \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Reported By: \_\_\_\_\_  
 Date Occurrence: \_\_\_\_\_ Time Occurrence: \_\_\_\_\_  AM |  PM

**CLAIMANT INFORMATION:**

Homeowner Name: _____	Tenant Name (if any): _____
Address: _____	Home Phone No.: _____
_____	Business Phone No.: _____
Home Phone No.: _____	Tenant Insurance Co.: _____
Business Phone No.: _____	Homeowner Insurance Co.: _____

**TYPE OF CLAIM:**

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Auto                   | <input type="checkbox"/> Flood                 | <input type="checkbox"/> Personal Injury Owner  | <input type="checkbox"/> Vandalism    |
| <input type="checkbox"/> Burglary/Theft         | <input type="checkbox"/> Hail                  | <input type="checkbox"/> Personal Injury Vendor | <input type="checkbox"/> Water Damage |
| <input type="checkbox"/> Fire                   | <input type="checkbox"/> Personal Injury Guest | <input type="checkbox"/> Sewer Backup           | <input type="checkbox"/> Windstorm    |
| <input type="checkbox"/> Other, describe: _____ |  |   |                                       |

Description of how/where injury/incident occurred, include weather conditions (if applicable): \_\_\_\_\_

Describe what steps/actions were taken to minimize claim expense or injury? \_\_\_\_\_

**FOR BODILY INJURY:**

Nature of Injury: _____	Witness Name: _____
Name/Injured Person: _____	Home Phone No.: _____
Street Address: _____	Address: _____
Town: _____	Town: _____
Home Phone No.: _____	Business Phone No.: _____
Business Phone No.: _____	Current condition of injured party: _____
Was child injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent's Name: _____

Water/Fire Restoration Service Utilized:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vendor/Contractors Responsibility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restoration Name:			Phone:		
Address:			City, State, Zip		
Email:	Vendor Certificate of Insurance Must Be Attached.				
<b>Current Condition of Unit, Livable ?:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>For Recording Purpose Only:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No