

Policy Information

Insured Name: _____ Policy #: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Claim Details

Reported By: _____
Relationship to Insured: _____
Caller Phone Number: _____

Date Reported: _____ Date of Loss: _____

Was the cause of damage from a named storm? If so, which one? _____

Reason for Loss: _____

Incident Description: _____

SEVERITY – Answer YES or NO to the following:

Is Power Intact/Available? _____
Is Roof Leaking? _____
Are there Wet Materials? _____
Is Home Livable? _____

PRIORITY:

Is this an Emergency? (Yes/No) _____

How Do You Rate the Severity? 1=Minimal, 2=Moderate, 3=Extensive: _____

Roof Type: _____ # Stories: _____

Gated Community (Yes/No): _____ Gate Code: _____

SAVE EACH FILE UNDER INSURED'S NAME BEFORE SENDING TO PEOPLE'S TRUST.

Then inform the insured that a People's Trust Insurance adjuster will be assigned to their claim and will contact them to discuss the claim process and provide them with a claim number.