

INSURANCE CLAIM FORM

Property Owners Name: _____

Property Owners Phone #: _____

Property Address: _____

If Property is Rented, Occupants Name: _____

Occupants Phone #: _____

=====
Date of Occurance: _____ Description of Claim: _____

=====
HOME OWNER INSUARANCE POLICY INFORMATION:

Insurance Company: _____ Policy #: _____

Agent's Name: _____ Insurance Co. Phone #: _____

Insurance Co. Address: _____

SIGNATURE OF INSURED: _____ Date: _____

=====
If Property Owner **DOES NOT** have homeowners coverage for this property, sign below:

Property Owners Signature: _____ Date: _____

I verify that the statements in the forgoing are true and correct. I understand that false statements that are made herein are subject to provisions of 18 PA.C.S.sec 4904 related to unsworn falsification to aothorities.