

# Public Service

Severe Weather Damage | 24 Hour Emergency Service | 243 Hour Water Extraction & Board-Up

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## CUSTOMER INFORMATION FOR INSURANCE LOSS

Date of Loss \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Deductible: \_\_\_\_\_

Insured, Mr. \_\_\_\_\_

Insured, Mrs. \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

His Work #: \_\_\_\_\_ Her Work #: \_\_\_\_\_

His Cell #: \_\_\_\_\_ His Work #: \_\_\_\_\_

Email: \_\_\_\_\_

### Loss Location (not necessary if same as above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

His Work #: \_\_\_\_\_ Her Work #: \_\_\_\_\_

His Cell #: \_\_\_\_\_ His Work #: \_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim #: \_\_\_\_\_

Adjuster's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Loss: \_\_\_\_\_

### Mortgage Company Information

Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Loan #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

His SS#: \_\_\_\_\_ Her SS#: \_\_\_\_\_

(Needed to speak with the Mortgage Company)