



CLAIM INFORMATION

Name of Insurer:
Claim Number:
Phone Number:

INSURANCE ADJUSTER INFORMATION

Adjuster Name:
Adjuster Company:
Phone Number:
Adjuster License Number:
Website:

CONTRACTOR(S)

Name of Company:
Representative:
Phone Number:
License Number:
I checked: <input type="checkbox"/> They have liability Insurance <input type="checkbox"/> With my Insurer <input type="checkbox"/> With the Better Business Bureau <input type="checkbox"/> Online Search

Name of Company:
Representative:
Phone Number:
License Number:
I checked: <input type="checkbox"/> They have liability Insurance <input type="checkbox"/> With my Insurer <input type="checkbox"/> With the Better Business Bureau <input type="checkbox"/> Online Search



CLAIM COMMUNICATION LOG

Who did I talk to:
Name of Company:
Date/Time:
What we talked about:
What is Next:

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CLAIM COMMUNICATION LOG

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EMERGENCY REPAIR LOG

To help you keep track of any emergency repairs, here are some forms to help you.

Repair:
Cost of Repair:
Date of Repair:

Repair:
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Date of Repair:

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