



CLAIM INFORMATION

Name of Insurance Company:

Claim Number:

Phone Number:

INSURANCE ADJUSTER INFORMATION

Adjuster Name:

Adjuster Company:

Phone Number:

Adjuster License Number:

Website:

CONTRACTOR(S) AND PUBLIC ADJUSTER(S)

Name of Company:

Representative:

Phone Number:

License Number:

I checked:

They have liability
Insurance

With my Insurance
Company

With the Better Business
Bureau

Online Search

Name of Company:

Representative:

Phone Number:

License Number:

I checked:

They have liability
Insurance

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Online Search

CLAIM COMMUNICATION LOG

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

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

CLAIM COMMUNICATION LOG

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Name of Company:
Date/Time:
What we talked about:
What is Next:

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

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:

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Date of Repair:

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