

INSURANCE CLAIM FORM

If you have suffered a loss inside your unit, please report the loss to your Unit owner's HO-6 carrier. Please complete the information below and provide to the Property Manager so that a claim can be reported to the Association Insurance carrier. An Insurance Adjuster will need access to your unit to assess the damages. Any claim payment will be made in the name of the Association. In the meantime, we urge you to take individual responsibility for your unit to protect your property from further damage. It is very important that you take photographs of the damage and keep your receipts for expenditures. The Association's Insurance policy will not cover your personal possessions. **Please fax the completed form to RV Johnson Ins at 561-745-8871.**

Association Name: _____

Date/Time of Occurrence: _____

Owner Name: _____

Property Address where claim occurred: _____

Mailing address if different: _____

Contact Name to view damage: _____

Contact Numbers: Home: _____ **Work:** _____

Or Cell: _____

Unit owners Ins Company _____ **Policy No.** _____

Description of occurrence: _____

Any person who knowingly and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony.

Property Mgmt Co and Property Manager: _____

Owners Signature: _____