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# **Property Damage Qualification Worksheet** *Please share the information fields below so we can begin to evaluate your specific situation*

|  |  |  |
| --- | --- | --- |
| **CONTACT INFORMATION** | | |
| Contact Name/Company: | | |
| Insured’s Name: | | |
| Property Address: | | |
| City: | State: | ZIP: |
| |  |  | | --- | --- | | Contact Email: | Contact Phone: | | | |
| Type Of Damage: Fire, Water, Hurricane, Tornado, Flood, Hail, Wildfire, Wind, Business Interruption | | |
| State Damage Occurred: | | |
| Date Of Occurrence: | | |
| Name Of Insurance Company: | | |

|  |
| --- |
| **LOSS BACKGROUND** |
| |  | | --- | | Is The Property Secured Against Further Damage: | | Have You Retained A Contractor: | | Have You Received Any Estimates Of Damage Value From Any Other Party: | | Have You Reported The Loss To Your Insurance Company Or Filed A Claim: | | What Correspondence Have You Had With The Insurance Carrier: | | Do You Have A PDF Copy Of Your Policy, If Not, Contact Your Broker For A Copy: | | Have You Ever Used A Public Insurance Adjuster For Any Previous Loss: | | Preferred Date & Time For An Initial Consultation Discussion: | |

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If you have any additional questions, please reach out to:

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