

CUSTOMER CONTACT FORM (required)

- Please complete the following information regarding your claim.
- This form must be mailed in with your check.
- Please make a copy of this form for your records.

Borrower Name(s): _____

Loan Number: _____

Property Address: _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

Date of Loss: _____ Total Loss? ___ Yes ___ No

Reason of Loss (fire, flood, wind, etc.): _____

Insurance Information:

Insurance Provider: _____

Insurance Adjuster's Name: _____

Insurance Adjuster's Phone: _____

Claim Reference Number: _____

Check Issued: ___ Yes ___ No

Contractor Information:

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone: _____

**If you would like us to discuss and/or disclose claim information to an additional third party,
please complete the Third Party Authorization form**