

**CLAIM REPORTING FORM**

(Property Damage)

**Baltimore Equitable Insurance**

**100 N. Charles St. Ste 640**

**Baltimore, Maryland 21201**

**Phone: 410-727-1794**

**Fax: 410-539-1073**

**Claim Number :** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Location Of Loss If Other Than Residence: \_\_\_\_\_

Give A Brief Description Of What Occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Police Report Jurisdiction: \_\_\_\_\_ Report Number: \_\_\_\_\_

**\*\*INSTRUCTIONS FOR DAMAGE TO STRUCTURES: *Attach receipts for emergency and/or temporary repairs. Attach estimates for permanent repairs. You may be responsible in whole or in part for work completed without the insurance company's approval. Return all to me with this completed, signed form within 60 days of the date of loss. Our preferred general contractor is Hayes Construction Co at 410-628-7900. Our preferred cleaning contractor is MRS at 410-780-9100.***

**\*\*INSTRUCTIONS FOR CLAIM INVOLVING PERSONAL PROPERTY: *Attach Proof of Ownership and Value such as sales receipts, charge statements, owners' manuals, etc. You may be responsible in whole or in part for replacements made without the insurance company's approval. Return all to me with this completed, signed form within 60 days of the date of loss.***

**\*\*List Damaged or Stolen PERSONAL PROPERTY ITEMS BELOW (Use additional page[s] as needed):**

Name Of Item	Age Of Item	Condition Of Item	Cost To Repair Or Replace
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**This form acknowledges the receipt of your claim. We will contact you if additional information is necessary. If you have any questions please contact us between 9:00 AM and 4:30 PM Monday through Friday.**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement.