

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: _____

City/State Zip: _____ 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 us 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 water remediation and 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

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.