

## FR001 - CLAIM OF LOSS BY HURRICANE

**CLIENT NUMBER:** \_\_\_\_\_ [ Internal Use]

**ASSIGNED ADJUSTER:** \_\_\_\_\_ **CLAIM NUMBER:** \_\_\_\_\_

### INSURED INFORMATION

**NAME OF INSURE:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

**PHONE:** Home \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
Person in charge to provide documentation or additional information. Address to where correspondence will be sent related to the claim.

### LOSS DESCRIPTION

**DATE OF LOSS:** \_\_\_\_\_ **AMOUNT TO BE CLAIMED:** \_\_\_\_\_  
Date on which the event that resulted in the claimed loss occurred. Estimated total to which the claimed loss amounts.

**ADDRESS OF DAMAGED LOCATION:** Location where the events described in the claim occurred.

**DAMAGE DESCRIPTION:** Detailed but brief summary of the damages claimed.

**REPORTED BY:** Name \_\_\_\_\_ Title \_\_\_\_\_ **DATE:** \_\_\_\_\_

Provide the name, position and date of the person who made the claim.

### OFFICIAL USE ONLY

**CLIENT NUMBER:** \_\_\_\_\_ **CLIENT EXECUTIVE:** \_\_\_\_\_

**INITIAL VISIT BY:** \_\_\_\_\_ **INTERNAL ADJUSTER:** \_\_\_\_\_

INSURANCE COMPANY *COMPLETE ONE FORM BY COMPANY*	POLICY NUMBER	APPLICABLE COVER

**RECEIVED METHOD:**  PHONE  FAX  MAIL  E-MAIL  DELIVERY COURIER  IN PERSON

**RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## INSURANCE COMPANY

SENT METHOD:  PHONE  FAX  MAIL  E-MAIL  DELIVERY COURIER  IN PERSON

SENT BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUIRED DOCUMENTS	
<b>GENERAL CLAIMS</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>NARRATIVE OF THE FACTS</b> Generate a recount of the events that describe the main events that affected the claimed loss. Provide as much information of importance to the claim to expedite the work of the adjusters and consequently, the due compensation.</li> <li><input type="checkbox"/> <b>PHOTOS – BEFORE &amp; AFTER</b> Submit good quality photos before and after the loss where the facts described in the claim can be fully appreciated. The photos must clearly evidence the loss claimed and the specific location or location affected. Clients whose properties are composed of different locations, ie. rooms, halls, buildings, sections, floors, within the same premises must provide the exact location where the damage occurred.</li> <li><input type="checkbox"/> <b>PURCHASE INVOICE</b> Provide purchase invoices for all goods purchased and services received related to the claimed loss.</li> <li><input type="checkbox"/> <b>REPAIR ESTIMATE</b> Provide the required estimates of authorized agents that support the damages described in the claim. The estimates should be detailed and specific in terms of units of measurement, ie. length, surface area, footage, BTU's., unit price</li> <li><input type="checkbox"/> <b>SUMMARY OF INVOICES &amp; ESTIMATES</b> Attached Pro form in Excel® format provided by Marsh Saldaña in which the client will complete the required information. The purpose of this document is to provide the insurance company and the adjuster with a summary of the estimates and invoices submitted and to facilitate the process to be carried out.</li> </ul>
<b>BUSINESS INCOME &amp; EXTRA EXPENSE</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>FINANCIAL STATEMENTS</b> The client will provide all financial documents, ie. Returns, IVU, Income Statement, which supports the loss of income due to interruption of operations so that it can be duly compensated</li> <li><input type="checkbox"/> <b>EXTRA EXPENSE</b> Extra expenses incurred to minimize business interruption and reopen operations as soon as possible, send invoices and evidence of payment thereof.</li> <li><input type="checkbox"/> <b>CLAIMS PREPARATION</b> Reasonable expenses incurred and paid for the preparation of your claim. ie Engineers, CPA (External). You must submit a report, invoice and evidence of payment. (Applies if you have the cover)</li> </ul>