

## CLAIM FORM

**Instructions:** Proceed to complete the Claim Form including all required information. Once completed, please send it to the following email address: [claims.notify@marshsaldana.com](mailto:claims.notify@marshsaldana.com) . Should you have any questions contact our Claims Department at 787-300-5900

### INSURED INFORMATION

Insured Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_

Contact Person (person in charge to provide information): \_\_\_\_\_

### CIRCUMSTANCES OF LOSS/DAMAGE

Date of Loss: \_\_\_\_\_ Amount Claimed: \_\_\_\_\_

Loss Location (location where damages took place):  
\_\_\_\_\_

Narrative (describe how loss occurred, including description of damages):  
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\_\_\_\_\_  
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REQUIRED DOCUMENTS	
<b>GENERAL CLAIMS</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>NARRATIVE</b> Create a recount describing in detailed the events that originated the loss including relevant information to facilitate the work of the adjusters designated by the insurance company to manage the loss and complete any required damages inspection.</li> <li><input type="checkbox"/> <b>PHOTOGRAPHS</b> Submit photos before and after the loss showing damages as described in the Claim Form. Photographs will validate damages and the specific location where they took place. Take good quality photos from different angles, including closer and distant camera shots clearly identifying damages.</li> <li><input type="checkbox"/> <b>INVOICES</b> Provide copies of invoices for services rendered related to the loss. Invoices should clearly include information regarding payment method (credit card, cash, etc...)</li> <li><input type="checkbox"/> <b>REPAIR ESTIMATE</b> Provide repair estimates of all service providers with detail information on repairs, including detail on square footage, units, costs, etc... Estimates should clearly include information regarding payment method (credit card, cash, etc...)</li> </ul>
<b>BUSINESS INCOME &amp; EXTRA EXPENSE</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>FINANCIAL INFORMATION</b> Once requested by the insurance company it will be necessary to provide copies of financial statements (Balance Sheet, Profit &amp; Loss, Tax Returns, etc...) Also, historical sales data, leases and other contracts to support the loss of income related to the business interruption claim.</li> <li><input type="checkbox"/> <b>EXTRA EXPENSE</b> Extra expenses refer to additional costs in excess of normal operating expenses that an organization incurs to continue operations while its property is being repair or replace after damaged sustained due to a covered cause of loss. Once incurred, please submit copies of invoices including detail of services rendered and evidence of payment.</li> <li><input type="checkbox"/> <b>CLAIMS PREPARATION</b> Provides coverage for the insured to engage a specialist claims professional to help prepare and present losses to the insurance company. If your policy includes a Claims Preparation Endorsement and you have incurred in such expenses, please provide copies of invoices including detail on services rendered, payment evidence and any reports completed by these experts.</li> </ul>