3.26. Insurance Request for Assistance (Template)

Intended Use: This form is used to gather information from policyholders requesting Insurance assistance. This resource is available in the FMI HMFOG Version 5.0 folder on the HMDWW.

Date: _____

Policyholder's Name (as shown on policy): _____

Property Address (of loss): _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone:
Day: _____ Evening: _____ Cellular: _____ Fax: _____ Email: _____

Insurance Company/Carrier: _____ Policy Number: _____

Insurance Agent's Name: _____ Phone: _____

Adjuster's Name: _____ Phone: _____

Contractor's Name: (opt.) _____ **Phone:** _____

Amount paid/offered: (based on adjuster's estimate)(opt.) $ _____ **Cost to repair: (Contractors estimate)(opt)** $ _____

Lender Name: _____ Phone: _____

Lender Contact Name: _____ Loan Number: _____

Problem:	
Action Taken:	
Final Resolution:	

Person Completing Form:		**Contact #:**	
Referring Caller:		**Contact #:**	