

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
Claims Manager: Emma S. Taylor

Claim Number :
Policy Number:
Insured Location:

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.**

****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 which may be assigned to an adjuster. If so, you will be contacted direct by the adjuster. If we recommend a particular vendor, that vendor does not act in the capacity of an adjuster. 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 with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.