



**Baltimore
Equitable
Insurance**

Perpetually Great Homeowners Insurance

CLAIM REPORTING FORM (Property Damage)

This form acknowledges the receipt of your claim which may be assigned to an adjuster. If so, you will be contacted directly by the adjuster. We will contact you if additional information is necessary.

Claim Number: _____

Policy Number: _____

Insured Location: _____

Date of Loss: _____ Policyholder(s) Name: _____

Location Of Loss If Other than Insured Location: _____

Mailing Address (if different from insured location): _____

Mailing City/State Zip: _____

Primary Phone: _____ Type: Cell Home | Secondary Phone: _____ Type: Cell Home

Give a Description of What Occurred:

For Damage to Structures:

Send receipts for emergency and/or temporary repairs and/or estimates for permanent repairs to us along with this completed, signed form within 60 days of the date at the top of this form. A list of our preferred vendors has been included for your convenience.

Please Note: You may be responsible in whole or in part for work completed without the insurance company's approval.

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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.

100 North Charles Street, Suite 640 Baltimore, MD 21201-3808

Tel: 410-727-1794/800-272-1794 Fax: 410-539-1073 Web: www.baltimoreequitableinsurance.com

Claim Number:

For Claim Involving Personal Property:

If applicable (*required for stolen personal property*):

Police Report Jurisdiction: _____

Police Report Number: _____

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.

List below damaged or stolen Personal Property Items (Use additional page(s) as needed):

Name of Item	Age of Item	Condition of Item	Cost to Repair or Replace

Your signature indicates that all information presented in reference to this loss is in fact true and complete to the best of your knowledge.

SIGNATURE _____ **DATE** _____

Please complete, sign and return the first two pages, within 60 days of the date located on the top of the first page. You may mail, fax (410-539-1073) or e-mail (baltimoreequitableins@1794insurance.com) the completed form.

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