



**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 willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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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Preferred Vendor List - Maryland

You are not obligated to engage any of our preferred vendors and may use a vendor of your own choosing. Estimates must be received and approved by us prior to any permanent repairs being completed. *You may be responsible in whole or in part for work completed without the insurance company's approval.*

Construction Companies

- **Atlas Exteriors – Serves MD Baltimore Equitable Customers**
603 Falkirk Ct, Abingdon, MD 21009
410-978-2606
- **Hayes Construction**
14307 Jarrettsville Pike, Phoenix, MD 21131
410-628-7900

Reconstruction & Restoration Companies

- **Restoration Relief – Serves Carroll, Northern Baltimore Co, Harford and Cecil Counties**
350 Railroad Ave, Ephrata PA 17522
1-855-673-5433 – 24-hour service
- **ServiceMaster by Tropea**
PO Box 312, Perry Hall, MD 21128
410-256-1850 – 24-hour service

Water/Fire/Trauma & Biohazard Restoration Companies

- **Rainbow International**
2228 Conowingo Rd, Bel Air, MD 21015
410-836-2445 or 855-724-6269 - 24hr service
- **Servpro**
1-800-SERVPRO – 24hr service

Please Note: Contractors and/or Salespersons cannot perform the following unless they are licensed as a public adjustor:

- Cannot investigate, appraise, evaluate, give advice or assist their customer in adjusting a claim.
- Cannot prepare an insurance claim for their customer.
- Cannot negotiate the claim with an insurance company on behalf of their customer.
- Cannot advise their customer on insurance policy coverage.

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison