

Renter's Insurance Claim Form

Insurance Policyholder Information

Name _____

Insured Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email address _____

Claim Information

What date did the loss take place? _____

Loss type (e.g. fire, theft)

How severe was the damage? (e.g. minor, moderate, severe, unknown)

Do you have evidence of the loss? If so, what? (e.g. police report, photographs, witnesses)

Describe the loss. Include a description of what happened and a list of damages to property and/or injuries to people.

What is the estimated cost of damage? _____