

**ITEMS CLAIMED**

Item Description	Repair or Replace?	Amount Claimed*	Original Purchase Date (Replacement only)
<b>TOTAL</b>		\$	

**\*Attach receipts or estimates**

**Insurance Information**

Do you have homeowner's insurance? ☐ Yes ☐ No

Did you report this incident to your insurance company? ☐ Yes ☐ No

Were you paid by your insurance company? ☐ Yes ☐ No

Is payment pending? ☐ Yes ☐ No

Deductible Amount:	
Insurance Company Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	
Agent Name:	

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**Date** **Signature of Claimant**

**Claim must be filed in person and submitted to a Sunridge Board Member for consideration**

**\*\*INCLUDE ALL PAID RECEIPTS, ESTIMATES, INSURANCE CORRESPONDENCE,  
AND ANY INCIDENT REPORTS OR HISTORY LEADING UP TO THE CLAIM\*\***