

Property Damage or Loss Claim Form

I am filing: ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to the claimant:

Claimant Information

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

Sunridge Lot#:

☐ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Fax #:

Phone #:

E-mail:

The time and place where the claim arose

Date of Incident:

Format: MM/DD/YYYY

Time of Incident:

Format: HH:MM AM/PM

Location of Incident (on Sunridge Property):

Manner in which the claim arose:

Attach extra sheets if necessary

ITEMS CLAIMED

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

***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:	

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****