CONTACT REQUIRED WITHIN 24 HRS OF RECEIVING CLAIM ASSIGNMENT

**Complete this form, copy and paste as a note in Diamond - Notes section.**

|  |  |
| --- | --- |
| **Claim #:** |  |
|  |  |
| **Named Insured:** |  |
|  |  |
| **Best Contact #:** |  |
| **Email Address:** |  |
|  |  |
| **Policy Inception Date:** |  |
|  |  |
| **Address where IN wants checks mailed:** |  |
|  |  |
| **Reported COL:** |  |
| **Date Of Loss:** |  |
| **Cat Code:** |  |
|  |  |
| **FNOL:** |  |
|  |  |
| **Emergency/Temp Repairs:** | No |
| **Preserve/Protect Property:** | No |
|  |  |
| **Contractor:** | No |
| **Representation:** | No |
|  |  |
| **Personal Property:** | no |
|  |  |
| **Is Home livable?** | Yes |
| **Advance Needed? Only if needed.** | No |
|  |  |
| **Mortgagee:** |  |
|  |  |
| **Policy Type:** | HO3 |
| **Deductible:** |  |
| **Endorsements:** |  |

|  |  |
| --- | --- |
| **Claim #** | *List claim number* |
| **Named insured:** | *LIST all the named insureds* |
| **Best Contact #:** | *LIST the best number to reach the insured* |
| **Email address:** | *LIST the insured email address* |
|  |  |
| **Policy Inception Date:**  **Address where IN wants**  **Checks mailed:** | *LIST the policy start state*  *List the address where the insured would like to have the checks mailed* |
|  |  |
| **Reported COL:** | *LIST the reported Cause of Loss* |
| **Date of loss:** | *LIST DOL and confirm it is during policy period.*  *DEC SHEET- Check the dec page in Diamond and XA and be sure it is for the correct DOL. If it isn’t please replace with the correct dec page in BOTH places.* |
| **CAT Code:** | *LIST CAT Code in Diamond* |
|  |  |
| **FNOL:** | *LIST info provided on FNOL* |
|  |  |
| **Emergency/Temp Repairs:**  **Preserve/Protect Property:** | *LIST any Emergency Repairs required, obtained or discussed*  *CONFIRM & DOCUMENT that the insured was advised not to dispose of any damaged items until FA performs inspection.*  *CONFIRM & DOCUMENT that the Insured was advised to protect property from further damage.*  *\*Advise them if it is leaking or anything it is their duty to complete mitigation (like tarping or drying things out), then submit the invoices for that mitigation.* |
|  |  |
| **Contractor:** | *LIST if Insured currently working with a contractor:*  *\*If they already have a contractor, will the contractor be at the inspection? Do they already have an estimate? provide them with the information to get it submitted. Estimates should include estimate and photos.* |
| **Representation:** | *LIST if Insured currently represented by PA or Atty* |
|  |  |
|  |  |
| **Personal Property:** | *CONFIRM & DOCUMENT if any contents are damaged. If so, CONFIRM & DOCUMENT that a contents worksheet has been provided to the insured and how. Advise photos will be needed*  *CONFIRM & DOCUMENT if large volume of contents damaged that referral is made to contents vendor.* |
|  |  |
|  |  |
| **ALE:** | *CONFIRM & DOCUMENT if the dwelling is livable.*  *If it is not livable, CONFIRM & DOCUMENT that the insured was advised to obtain and keep receipts.*  *CONFIRM & DOCUMENT that the insured was offered assistance in finding housing if needed.*  *If home is not habitable, advise Insured to keep receipts, assist in obtaining lease if needed.* |
| **Advance:** | *CONFIRM & DOCUMENT that an advance was discussed if needed and warranted.*  *OR*  *CONFIRM & DOCUMENT that an advance was not needed or warranted* |
| **Mortgagee:** | *CONFIRM & DOCUMENT current mortgagee with the insured.*  *Is mortgage the same on the dec page and in Waterstreet? If not, please be sure to verify with the NI which is correct.* |
| **Policy Type:** | *CONFIRM & DOCUMENT the policy type and that the insured was advised.* |
| **Deductible:** | *CONFIRM & DOCUMENT the deductible and that the insured was advised.* |
| **Endorsements:** | *CONFIRM & DOCUMENT endorsements and/or special limits and that the insured was advised.* |