

# HOME INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Property Claims Division

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## CLAIM INFORMATION

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**Claim Number:** CLM-2024-HOME-002  
**Date of Loss:** 2025-11-04  
**Type of Loss:** Storm Damage  
**Policy Number:** HOME-435239

## PROPERTY OWNER INFORMATION

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**Full Name:** Sarah Johnson  
**Property Address:** 456 Oak Ave, Springfield, IL 62701  
**Phone:** (555) 653-2320  
**Email:** sarah.johnson@email.com

## CAUSE OF LOSS

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Severe thunderstorm with 70mph winds caused roof shingle damage and subsequent leak. Multiple shingles torn off on south-facing slope.

## DAMAGE DESCRIPTION

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Ceiling water stains in master bedroom and hallway (150 sq ft). Insulation saturated in attic. Drywall bubbling and potential mold concern.

## COST ESTIMATE

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**Estimated Repair Cost:** \$8,700.00  
**Emergency Repairs Done:** Yes - Board-up service deployed  
**Photos Attached:** Yes - 12 photos  
**Contractor Estimate:** Pending

**Property Owner Signature:** \_\_\_\_\_ **Date:** 2026-02-21