

HOME INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Property Claims Division

CLAIM INFORMATION

Claim Number: CLM-2024-HOME-010
Date of Loss: 2025-12-08
Type of Loss: Storm Damage
Policy Number: HOME-513160

PROPERTY OWNER INFORMATION

Full Name: Mary Jackson
Property Address: 321 Maple Dr, Peoria, IL 61602
Phone: (555) 706-1444
Email: mary.jackson@email.com

CAUSE OF LOSS

High winds (60+ mph) tore vinyl siding panels off east and north sides of house. Exposed sheathing then absorbed rain.

DAMAGE DESCRIPTION

32 siding panels missing/damaged, house wrap torn, OSB sheathing swelling from moisture, insulation compromised in affected wall cavities.

COST ESTIMATE

Estimated Repair Cost: \$9,500.00
Emergency Repairs Done: Yes - Emergency plumber called
Photos Attached: Yes - 12 photos
Contractor Estimate: Scheduled for inspection

Property Owner Signature: _____ **Date:** 2026-02-21