

HOME INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Property Claims Division

CLAIM INFORMATION

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

PROPERTY OWNER INFORMATION

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

CAUSE OF LOSS

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

DAMAGE DESCRIPTION

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

COST ESTIMATE

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