

HOME INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Property Claims Division

CLAIM INFORMATION

Claim Number: CLM-2024-HOME-014
Date of Loss: 2026-01-04
Type of Loss: Animal Damage
Policy Number: HOME-154615

PROPERTY OWNER INFORMATION

Full Name: Susan Thompson
Property Address: 456 Oak Ave, Springfield, IL 62701
Phone: (555) 458-4673
Email: susan.thompson@email.com

CAUSE OF LOSS

Raccoon infestation in attic. Animals entered through damaged soffit and nested for weeks before discovery.

DAMAGE DESCRIPTION

Attic insulation contaminated (must be replaced), HVAC flex ducts chewed through, soffit boards destroyed, animal waste remediation needed.

COST ESTIMATE

Estimated Repair Cost: \$8,900.00
Emergency Repairs Done: Yes - Emergency plumber called
Photos Attached: Yes - 12 photos
Contractor Estimate: Scheduled for inspection

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