

# HOME INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Property Claims Division

## CLAIM INFORMATION

**Claim Number:** CLM-2024-HOME-007  
**Date of Loss:** 2026-01-04  
**Type of Loss:** Water Damage  
**Policy Number:** HOME-672661

## PROPERTY OWNER INFORMATION

**Full Name:** James Taylor  
**Property Address:** 123 Main St, Chicago, IL 60601  
**Phone:** (555) 919-4613  
**Email:** james.taylor@email.com

## CAUSE OF LOSS

Dishwasher supply line failed (braided stainless steel connector burst). Water leaked for estimated 8 hours overnight.

## DAMAGE DESCRIPTION

Kitchen tile floor undermined, subfloor rotted, lower kitchen cabinets destroyed (6 units), adjacent laundry room floor buckled.

## COST ESTIMATE

**Estimated Repair Cost:** \$14,300.00  
**Emergency Repairs Done:** No emergency repairs needed  
**Photos Attached:** Yes - 12 photos  
**Contractor Estimate:** Pending

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