

HOME INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Property Claims Division

CLAIM INFORMATION

Claim Number: CLM-2024-HOME-004
Date of Loss: 2025-11-22
Type of Loss: Storm Damage
Policy Number: HOME-668969

PROPERTY OWNER INFORMATION

Full Name: Jennifer Martinez
Property Address: 321 Maple Dr, Peoria, IL 61602
Phone: (555) 577-7812
Email: jennifer.martinez@email.com

CAUSE OF LOSS

Large oak tree fell on house during ice storm. Tree was approximately 60 feet tall and landed across the roof ridge.

DAMAGE DESCRIPTION

Roof structure collapsed in two rooms (master bedroom and office), gutter system destroyed on east side, exterior siding damaged. Temporary tarp installed.

COST ESTIMATE

Estimated Repair Cost: \$22,000.00
Emergency Repairs Done: Yes - Emergency plumber called
Photos Attached: Yes - 12 photos
Contractor Estimate: Pending

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