

# HOME INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Property Claims Division

## CLAIM INFORMATION

**Claim Number:** CLM-2024-HOME-006  
**Date of Loss:** 2025-10-01  
**Type of Loss:** Vandalism  
**Policy Number:** HOME-413118

## PROPERTY OWNER INFORMATION

**Full Name:** Linda Anderson  
**Property Address:** 987 Birch Rd, Joliet, IL 60432  
**Phone:** (555) 871-7389  
**Email:** linda.anderson@email.com

## CAUSE OF LOSS

Vandalism - rocks thrown through living room bay window. Incident occurred during nighttime. Police report filed.

## DAMAGE DESCRIPTION

Bay window completely shattered (triple pane, custom size), interior water damage from rain entry before temporary covering, curtains and carpet stained.

## COST ESTIMATE

**Estimated Repair Cost:** \$6,200.00  
**Emergency Repairs Done:** No emergency repairs needed  
**Photos Attached:** Yes - 12 photos  
**Contractor Estimate:** Scheduled for inspection

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