

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500009

24/7 Helpline: 1-800-555-CLAIM | claims@premierinsurance.com

PROPERTY INSURANCE CLAIM

Claim Date: November 28, 2025

TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN55500009	December 08, 2025 at 09:00 AM	AGENT00769
Vendor ID	Policy Effective Date	
VNDR00592	July 25, 2024	

POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type		
PLC55500009	A00008149	Property		
Customer Name				
Ricardo Gatlin				
Address Line 1	Address Line 2			
8595 West 81st Drive	N/A			
City	State	Postal Code		
Arvada	CO	80005		
SSN	Age	Marital	Tenure	Education
685-33-3536	61	No	80 months	Bachelor
Employed	Family Members	House Type	Social Class	
Yes	4	Rent	MI	

COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
November 28, 2025	November 29, 2025	2:00
Incident City	Incident State	Severity
Arvada	CO	Total Loss

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Authority Contacted

Fire Department

Any Injury

Yes

Police Report

Yes

FINANCIAL & RISK INFORMATION

Premium Amount

\$165.00

Claim Amount

\$32,000.00

Claim Status

Pending

Routing Number

40125819

Account (Masked)

.....3731

Risk Segment

L

Financial Summary:

- Total Claim Amount: \$32,000.00
- Monthly Premium: \$165.00
- Risk Category: L
- Status: Pending

PROPERTY INSURANCE CLAIM DETAILS

Property Type

Residential

Damage Type

Fire

Property Address

8595 West 81st Drive, Arvada, CO

Estimated Repair Cost

\$29,450.00

Claim Amount

\$32,000.00

Required Documents for Property Insurance Claim:

- Property Ownership Documents
- Photos of Damage (Multiple angles)
- Repair Estimates from contractors
- Police Report (for theft/vandalism)
- Fire Department Report (for fire damage)
- Original Purchase Receipts
- Previous Inspection Reports
- Inventory of damaged items

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■ DECLARATION & AUTHORIZATION

DECLARATION:

I hereby declare that all the information provided in this claim form is true, complete, and accurate to the best of my knowledge and belief. I have not withheld any material information that may influence the assessment or settlement of this claim.

AUTHORIZATION:

I authorize Premier Insurance Group and its representatives to investigate this claim, including obtaining information from medical providers, employers, government agencies, and any other relevant parties. I understand that any false statement or misrepresentation may result in denial of the claim and may subject me to legal action.

ACKNOWLEDGMENT:

I acknowledge that the settlement of this claim is subject to the terms, conditions, and exclusions of my insurance policy.

Policyholder Signature

Date

Witness Signature

Date