



Unparalleled Property Services

UNIT OWNER USE ONLY

Hurricane Claim Form

Castle Management, LLC.

12270 SW 3rd Street, Plantation, FL 33325

E-mail hurricane claim form to your insurance agent

PLEASE PRINT CLEARLY - ALL LINES MUST BE COMPLETED

Date: _____

Name of Association: _____

Unit Owner's (not tenant) Full Name: _____

Address of damaged property: _____

City: _____ **Zip Code:** _____

Phone Number: _____

Name of person reporting claim: _____

Describe how damage occurred i.e. broken window, hole in roof, etc. _____

Describe: all property that was damaged, type of damage and where damaged property is. Be specific. (*i.e. drywall in master bedroom closet is wet and wall paper is coming off.*) Be sure to include pictures of the damage Use the back of this form for your descriptions if necessary

For Property Manager Use Only:

Date Received: _____ *Received by:* _____

Date acknowledgement letter sent to board member: _____

Name of insurance company: _____

Date called in to insurance company: _____

Name of insurance company personnel taking claim: _____

Claim number, if available with submission _____

Claim submitted via phone: _____ *fax:* _____ *e-mail:* _____

Data Entry Date: _____

Cc to Regional Director: _____