



Disaster Information Form

Date: _____ Date of Loss: _____

Loan Number: _____ Type/Cause of Damage: _____

Name(s): _____

_____ Insurance Agent: _____

Telephone Number: _____

Property address: _____ Insurance Company: _____

_____ Telephone Number: _____

Temporary address (if applicable): _____

Temporary Contact Telephone Number (if applicable): _____

Description of the damage:

Please Fax to:

714-XXX-XXXX