

THE LAW OFFICE OF
JORDAN W. JACOB
YOUR LAWYER FOR LIFE...AND AFTER™

FLORIDA PROPERTY DAMAGE CLAIM QUESTIONNAIRE

1. PROPERTY OWNER NAME: _____
2. PROPERTY OWNER ADDRESS: _____

3. PROPERTY OWNER PHONE NUMBER: _____
4. PROPERTY OWNER EMAIL ADDRESS: _____

(IF DIFFERENT FROM PROPERTY OWNER):

5. INSURED NAME(S): _____
6. INSURED PROPERTY ADDRESS: _____

7. INSURED PHONE NUMBER: _____
8. INSURED EMAIL ADDRESS: _____
9. NAME OF INSURANCE AGENT (WHO SOLD YOU THE POLICY): _____

10. NAME OF INSURANCE COMPANY (WHO INSURES YOUR PROPERTY): _____

11. DO YOU HAVE A COPY OF YOUR INSURANCE POLICY?: [Y/N] _____
12. NAME, PHONE NUMBER AND EMAIL OF INSURANCE ADJUSTER ON YOUR CLAIM (IF A CLAIM HAS ALREADY BEEN OPENED): _____

13. DATE OF PROPERTY LOSS/DAMAGE: _____
14. DATE YOU NOTICED THE DAMAGE: _____
15. LOCATION OF DAMAGE (LIST ALL AREAS): _____

16. LIST ALL DAMAGED CONTENTS (PERSONAL PROPERTY, FIXTURES, FURNITURE, CLOTHING, ELECTRONICS, ETC.) _____

APPROX. VALUE OF DAMAGED CONTENTS: \$ _____

17. DID YOU HIRE A WATER REMEDIATION COMPANY?: [Y/N] _____

a. NAME: _____

18. DID YOU SIGN A CONTRACT WITH A PUBLIC ADJUSTER?: [Y/N] _____

a. NAME: _____

19. DID YOU MAKE REPAIRS TO THE DAMAGED PROPERTY?: [Y/N] _____

TEMPORARY REPAIRS PERMANENT REPAIRS

COST OF REPAIRS: \$ _____

DO YOU HAVE AN ESTIMATE, PROPOSAL, INVOICE, RECEIPT?: [Y/N] _____

20. DID YOU HIRE SOMEONE TO MAKE THE REPAIRS?: [Y/N] _____

a. NAME: _____

b. PHONE NUMBER: _____

c. EMAIL: _____

TEMPORARY REPAIRS PERMANENT REPAIRS

COST OF REPAIRS: \$ _____

DO YOU HAVE AN ESTIMATE, PROPOSAL, INVOICE, RECEIPT?: [Y/N] _____

21. WERE YOU DISPLACED FROM THE INSURED PROPERTY DURING REPAIRS?:
 [Y/N] _____
- IF YES:
 DID YOU RENT OR LEASE ANOTHER PROPERTY? [Y/N] _____
 FOR HOW MANY MONTHS?: _____
 MUCH WAS RENT?: \$ _____
22. DID YOU HAVE RENTERS IN THE PROPERTY WHEN THE DAMAGE OCCURRED?:
 [Y/N] _____
- IF YES:
 NAME: _____
 PHONE NUMBER: _____
 EMAIL: _____
 MONTHLY RENT: _____
 HOW MANY MONTHS WERE TENANTS DISPLACED?: _____
23. IS THERE A MORTGAGE ON THE INSURED PROPERTY?: [Y/N] _____
 a. UNPAID BALANCE: _____
24. ANY PRIOR DAMAGE/LOSS TO THE INSURED PROPERTY?: [Y/N] _____
- IF YES:
 DATE(S) OF PRIOR LOSS: _____
 AREA(S) OF PRIOR LOSS: _____
 WAS AN INSURANCE CLAIM FILED?: [Y/N] _____
 WAS THE CLAIM DENIED?: _____
- IF YES:
 DID YOU FILE A LAWSUIT?: [Y/N] _____
 RESULT OF LAWSUIT: _____
- IF NO:
 DID YOU RECEIVE INSURANCE PROCEEDS?: [Y/N] _____
 HOW MUCH?: \$ _____

PLEASE PROVIDE:

- TITLE TO INSURED PROPERTY**
- COPY OF INSURANCE POLICY**
- PHOTOGRAPHS OF DAMAGES**
- VIDEO OF DAMAGES**
- CORRESPONDENCE WITH INSURANCE COMPANY REGARDING LOSS**
- ESTIMATE, PROPOSAL, INVOICE, RECEIPT FOR REPAIRS AND/OR COST OF GOODS**