



Insurance Claim Form

Unit Information:

HOA UNIT NUMBER: _____

CLAIM CONTACT: _____

PHONE NUMBER: (____) _____ EMAIL: _____

MAILING ADDRESS: _____

Claim Information:

DATE OF ISSUE (CLAIM) _____

Description / Explanation of Insurance Claim:

Additional Information:

I have attached the following information with this form:

____ Photos. ____ Repair Estimates.

I certify that the information provided in this document is accurate and not fraudulent in any way. Filling out this form and/or submitting it to the HOA in no way guarantees that the claim described above will be covered by and/or paid for by the HOA. The information given above will be used in determining whether the damaged claimed is covered by the HOA policy and whether action will be taken by the HOA to resolve the claim. I acknowledge that the HOA has a \$5000 deductible that I am responsible to pay. I hereby acknowledge that all repairs will be made by a Utah State certified and licensed contractor. I also acknowledge that should the claim be denied by the insurance that I will repair my unit to keep it in good repair.

Signed: _____ Date: _____