



## DISASTER INFORMATION FORM

Date: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Type/Cause of Damage: \_\_\_\_\_

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Property address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Temporary address (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Temporary Contact Telephone Number (if applicable): \_\_\_\_\_

Description of the damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FAX TO 949-453-9397**