

BA Beneficial Adjusting Co.

PROPERTY INSURANCE NOTICE OF CLAIM *(Please Print or Type)*

Insured(s) Full Name(s): _____

Address: _____

Policy No.: _____ Policy Term: _____

Description of Property: _____

Building:

Construction Type: Roof _____ Foundation _____

Wall _____

In addition to concrete, describe any other material(s) if any: _____

Building Date Completed: _____ Name of Contractor: _____

No. of Story: _____ Occupancy: _____

Location of Property: _____

(Provide Sketch or Direction to Property)

Nature of Causes of Loss: _____

Date of Loss: _____ Time of Loss: _____

Date When Damage Noticed: _____

How: _____

Describe or Itemized Damaged Property Claim: _____

(Add Separate Sheets as needed)

Any Emergency Repairs Made: (Describe if any) _____

Name of Contractor Repaired or Inspected & Estimate Cost: _____

_____ Phone No: _____

Amount Claim: \$ _____

Mortgagees/Trustees Name (if any): _____

Name of Other Interested Person in the Property (if any): _____

Any Contract/Agreement of Sell/Dispose Property: ☐ Yes ☐ No

Any Other Insurance in Force in this Property: ☐ Yes ☐ No

Previous Loss Made (if any): ☐ None

Type of Loss: _____

Date of Loss _____ Amount of Loss: \$ _____

(Note: Completion of this form or furnishing of information does not confer any rights or obligation nor constitutes any admission on the part of the Insurance Company).

Date: _____ Signature of Insured: _____

Claim No. _____ Phone No.: _____

SCHEDULE OF DAMAGES ON THE PROPERTY

(Please provide as much detail as possible.)

NAME OF INSURED: _____

Buildings:

<u>DAMAGE PROPERTIES</u>	<u>QUANTITY</u>	<u>DESCRIPTION OF DAMAGE</u>	<u>AMOUNT</u>
1. Doors:	\$ _____	_____	\$ _____
2. Screen Doors:	\$ _____	_____	\$ _____
3. Windows:	\$ _____	_____	\$ _____
Type: _____			
4. Screen Windows:	\$ _____	_____	\$ _____
5. Others: (Specify)	\$ _____	_____	\$ _____
a. _____	\$ _____	_____	\$ _____
b. _____	\$ _____	_____	\$ _____
c. _____	\$ _____	_____	\$ _____
d. _____	\$ _____	_____	\$ _____
e. _____	\$ _____	_____	\$ _____
f. _____	\$ _____	_____	\$ _____
g. _____	\$ _____	_____	\$ _____
h. _____	\$ _____	_____	\$ _____
6. Painting			
a. Year Building Last Painted: _____			
Exterior:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Interior:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Name of Contractor: _____			
Cost:	\$ _____		
c. Self Painting: _____			
Cost:	\$ _____		

SCHEDULE OF STOLEN OR DAMAGED PERSONAL PROPERTY

All claimants are required to please complete columns 1-3 and 6. Thank you.

(Please provide as much detail as possible.)

(1) Description of Property (Itemize)	(2) When and where obtained. (If a present, the name and address of a giver must be stated. Please provide receipts if possible.)	VALUE OF PROPERTY			(6) Amount of which insured claims indemnity under the Policy
		(3) Actual cost to the Insured	(4) Amount of Allowance for depreciation in value, by wear and tear, change in style, etc.	(5) Actual net value at the time of the loss	
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL:		\$	\$	\$	\$

***BA* Beneficial Adjusting Co.**

Notice and Acknowledgement of Co-Insurance Clause

Important! Your policy contains a co-insurance. If the amount of insurance purchased is not equal to 100% of the actual cash value or replacement cost of your insured property, the settlement you receive arising from any losses will not be sufficient to completely replace the loss you have suffered. It is your responsibility as the insured to make certain the insured value, as stated on your insurance policy, is equal to the actual cash value or full replacement cost of your insured property if you desire complete protection.

For example, if the actual value of the property is \$10,000.00 and the insured value is listed as \$5,000.00, the insurance carrier will only pay \$50% of any loss or damage suffered. As such, if you desire full coverage in the event of a loss, it is essential that you make certain that the insured value, as stated in the policy, is equal to the actual cash value or full replacement cost of the insured property.

It is understood that the above will apply **separately** to Coverage A (Dwelling) and Coverage B (Unscheduled Personal Property) of this policy.

INSURED: **BUILDING(S)** **CONTENTS**
As indicated on the policy declarations and/or schedule of properties insured.

Acknowledgement by Insured

By signing and dating the below, (I/We) have read the foregoing Notice and Acknowledgement of Co-Insurance clause.

_____	_____	_____
Print Name	Signature	Date

_____	_____	
Print Name	Signature	Witness:

_____	_____	_____	_____
Print Name	Signature	Print Name	Signature