**Email Address:** **claimsteam@goldeneagle-insurance.com**

|  |  |
| --- | --- |
| **Producer Name:** | **Submitted By:** |
| **Phone and Email:** | **Phone and Email:** |
| **Named Insured** |
| **Name and Address:** | **Contact Name:** |
| **Phone #:** | **E-mail:** |
| **Coverage** |
| **Policy #:** | **Certificate #:** |
| **Bank Loan #:** | **Inception Date:** |
|  | **Expiration Date:** |
| **Check One of Each Category:** |
| **1) Dwelling** [ ]  **or Building** [ ]  **3)** | **Lender Placed** [ ]  **Real Estate Owned** [ ]  **Investor** [ ]  |
| **2) Vacant** [ ]  **or Occupied** [ ]  **4)** | **Notice of Insurance attached: Yes** [ ]  **No** [ ]  |
| **Check Policy Type** |
| **Hazard** [ ]  **Flood Only** [ ]  **Wind Only** [ ]  **Other** [ ]  |
| **Coverage Amounts** |
| **Dwelling** | **Other structures** | **Personal Property** | **Loss of Use** | **Deductibles** | **Other – please describe** |
|  |  |  |  |  |  |
| **Subject to Forms****(insert form numbers,****Edition dates, special** **Deductibles)** |
| **Named Insured Interest: Owner** [ ]  **Property Manager** [ ]  **Receiver/Trustee** [ ]  **Other** [ ] **Mortgagee(s) Name:** |
| [ ]  **No Mortgagee(s) (please check if none exists on loss location)** |
| **Additional Insured(s) Name:** |
| [ ]  **No Additional Insured(s) (please check if none exists on loss location)** |
| **Loss** |
| **Facts of Loss:** |
| **Date of Loss:** | **Date of Discovery:** |
| **Damage Description:** |
| **Damages Reported By:** | **Date Reported:** |
| **Phone # and E-mail:** |
| **Police or Fire Dept to which reported:** |
|  **Contact Information (whom to contact for loss description and access)** |
| **Name/Relationship:** |
| **Phone #:** | **E-mail:** |
| **Other Insurance** |
| **Carrier Name:** | **Prior** [ ]  | **Current** [ ]  |
| **Effective Dates of Coverage: From To** |
| **Policy Number:** |
| **Agent Name:** | **Phone #:** |
|  |
| **Form was completed by: Date:** |
| Submit all information via email to claimsteam@goldeneagle-insurance.com |