

Insurance Company _____ County _____

LAREW LAW OFFICE

DERECHO CLAIM – CLIENT INTAKE FORM

INSURED NAME(S) _____

ADDRESS _____

PHONE NUMBER _____ EMAIL _____

DATE OF LOSS _____ CLAIM NUMBER _____

INSURANCE COMPANY _____

INSURANCE COMPANY ENGINEER _____

CONTRACTOR(S) RETAINED BY CLIENT _____

PUBLIC ADJUSTER (IF RETAINED) _____

ESTIMATE OF LOSS (INSURANCE) _____

AMOUNT PAID BY INSURER TO DATE _____

ESTIMATE OF LOSS (CONTRACTOR/PUBLIC ADJUSTER) _____

TOTAL LOSS AMOUNT IN DISPUTE _____

PERSONAL PROPERTY DAMAGE? IF SO, AMOUNT: _____