

# Storm Damage Incident Report Form

## Policyholder Information

Name

Policy Number

Property Address

Phone Number

Email Address

## Incident Details

Date of Incident

Time of Incident

Type of Storm  Select

Describe what happened

Incident Description

## Damage Details

Areas Damaged  e.g. roof, windows, siding

Estimated Loss Amount  (if known)

Describe any temporary repairs

Temporary Repairs Made

## Additional Notes

Additional Information

