

Storm Damage Proof of Loss Form

Policyholder Information

Name

Property Address

Phone

Email

Policy Number

Storm Event Details

Date of Storm

Description of Storm Event

Date Damage Discovered

Date Reported to Insurer

Description of Damage

Item	Description of Damage	Estimated Repair/Replacement Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Claim Amount

Additional Comments

Signature

Date