

# Storm Damage Insurance Loss Certification

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## Policyholder Details

Name

Policy Number

Date of Loss

Property Address

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## Description of Storm Damage

Provide a detailed description of the loss and damages incurred due to the storm:

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## Certification

I hereby certify under penalty of perjury that the information provided in this document is true and correct to the best of my knowledge. I acknowledge that this certification is for the purpose of processing my insurance claim for storm damage.

Signature

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Date