



POST OFFICE BOX 707  
MIDLAND CITY, ALABAMA 36350-0707  
PHONE: (334) 649-3090  
FAX: (334) 983-1359

**CLAIM FORM**

**RESIDENCE DAMAGE**

(Answer all questions. If not applicable, enter "N/A")

**This report must be completed to enable us to give your claim proper consideration.  
NO LIABILITY IS ASSUMED BY REASON OF THIS REQUEST.**

Name: \_\_\_\_\_ Registration/GBL# \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY INFORMATION: Please check the answer that applies.**

Are you the home owner  Yes  No If you are not the home owner, please list the owners info below.

Is this an Apartment  Yes  No If an apartment, please list the property management info below.

Is this Military housing?  Yes  No If Military housing, please list community housing info below.

**If you are the home owner and are no longer at the residence, please list the contact info for your representative who has access to the home.**

**PROPERTY OWNER / PROPERTY MANAGER / MILITARY HOUSING:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**DAMAGE: Date of damage:** \_\_\_\_\_ Pictures from multiple angles are a big help. Please submit any pictures you may have of the damage along with this form. Describe all damage, how it occurred, and when it was discovered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If carpeting, flooring, wallpaper – date purchased & installed \_\_\_\_\_ if walls, date last painted \_\_\_\_\_

**CAUSE:** Whom do you believe is responsible? (Check all that apply)

Van Driver  Driver's Helpers  Appliance Serviceman  Packer  Unpacker

Name of responsible person/persons: \_\_\_\_\_

Was damage shown to this person \_\_\_\_\_ Was responsibility admitted? \_\_\_\_\_

**AMOUNT CLAIMED:** \_\_\_\_\_ If you have obtained repair estimates please submit along with this form.

Date: \_\_\_\_\_ Claimant's Signature: \_\_\_\_\_

**Please return form to the address listed at the top of this form, or email to [claims@eagle-cs.com](mailto:claims@eagle-cs.com)**