

Print this page, fill in the following information and fax it to us, along with any instructions or comments. We will take it from there. (An electronic form is in the works!)

R D Powers Company, Inc.
Loss Adjustment Information

Date: _____ **Stock No:** _____

Insured: _____

dba: _____

Claimant: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Email: _____

Phone No: _____ Phone No: _____

Adjuster: _____ **Rec'd:** _____

Company: _____

Address: _____

City/State/Zip: _____

Phone No: _____ Phone No: _____

Claim/File No: _____

Insurance Company: _____

Policy/Claim No: _____

Contact: _____ Phone No: _____

Type Stock: _____ Type Damage: _____

Value Stock: _____ Date of Loss: _____

Policy Limits: _____ Co-Insurance % _____

General Information: _____
