

HURRICANE INTAKE FORM

Has your home been affected by a hurricane/tropical storm? **X Y N**

Do you carry homeowner's insurance? **X Y N**

If yes, who is your carrier? Citizens

Do you carry flood insurance? **Y X N** flood zone **X**

Did you file a claim? **X Y N**
 If yes, with who? **Flood X Homeowners Both**

Has the claim(s) been closed? **X Y N**
 If yes, were you paid out? **X Y N**

Have you performed any repairs? **X Y N**
 If yes, please outline repairs below:

Repair Description	Company Contracted	Date of Completion
roof was replaced	BAY FLORIDA BUILDERS	1/18/2023

Were there any permits pulled for repairs? **X Y N**

If yes, have they been closed out? **X Y N**

Do you have receipt(s) of repairs performed? **X Y N**

Are there outstanding repairs scheduled to be performed? **Y X N**

Are there any repairs not scheduled to be performed? **Y X N**
 If yes, outline repairs below:
