

HURRICANE INTAKE FORM

Has your home been affected by a hurricane/tropical storm? 📈 Y 🗆 N
Do you carry homeowner's insurance? Y N
If yes, who is your carrier? Amwins / Key HSENCY
Do you carry flood insurance? Y N have a quote to start (1)
Did you file a claim? Y N From IAN If yes, with who? Flood Homeowners Both
Has the claim(s) been closed? Y N N Por repairs needs If yes, were you paid out? Y N For Helene Milt
Have you performed any repairs? Y \(\sumbox{N}\) If yes, please outline repairs below:
Repair Description Company Contracted Date of Completion
Proof repaid - IAN 5/24/23
New Carpets - 14N
Were there any permits pulled for repairs? Y N If yes, have they been closed out? Y N Do you have receipt(s) of repairs performed? Y N Are there outstanding repairs scheduled to be performed? Y N Are there any repairs not scheduled to be performed? Y N If yes, outline repairs below: