



Flood Questionnaire

Directions: Fill in each question to the best of your knowledge to better assist us in the processing of your Claim.

Your Information

Insurance Company	Policy Number	Date of Loss	
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Insured: First Name	Middle Initial	Last Name	
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Loss Address	City	State	Zip
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Mailing Address	City	State	Zip
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Primary Address	City	State	Zip
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Primary Contact Number	Secondary Contact Number	Primary Email	
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Property Information

Name on Deed	Mortgagee/Lien Holder		
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Built Date	Purchase Date	Flood Zone	
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Nearest Body of Water	Distance, Miles from Loss Address		
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Square Footage when Built	Current Square Footage		
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Type of Residence	How many days a year do you live here?		
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Date Water came in	Date Water Receded	Measure of Water Inside	Outside
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Property History

Please indicate any Major Repair(s) or Alterations made to the Loss Address.

Date	Description	Cost	Type
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Date	Description	Cost	Type
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Date	Description	Cost	Type
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Please indicate the last three Flood(s) at the Loss Address, if applicable.

Date	Amount of Loss	Insured	Repairs Completed
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Date	Amount of Loss	Insured	Repairs Completed
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Date	Amount of Loss	Insured	Repairs Completed
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Insurance History

Please indicate Insurance Carrier(s) other than Flood, if applicable.

Carrier	Policy Number	Policy Type
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Building Limit	Content Limit	Flood Coverage
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General Contractor Information

Contractor: First Name	Middle Initial	Last Name
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Primary Contact Number	Secondary Contact Number	Email
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Damaged Appliance(s)

Please indicate any damaged appliance(s) from the Loss Address at the time of the Flood.

Stove Make	Model Number	Serial Number
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Refrigerator Make	Model Number	Serial Number
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Dishwasher Make	Model Number	Serial Number
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Hot Water Heater Make	Model Number	Serial Number
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Air Conditioner Make	Model Number	Serial Number
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Furnace Make	Model Number	Serial Number
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Signature and Completion

Thank you for taking the time to complete this questionnaire, the responses provided will contribute to the Final Submission of your Claim. Submit completed Questionnaire by utilizing one the following:

Mail: 6043 Bell St, Amarillo TX, 79109

Email: Claims@Advadj.com

Fax: (866) 345 8548

For Questions or more information regarding your claim, contact our office at (866) 553 5004, Monday through Friday, 8:00 am CST to 5:00 pm CST.

Signature

Date