



WATER LOSS PROGRAM

Claim Submission Form

e-mail completed form to: MasonS@whiteandwilliams.com

Insured's
Name: _____ Phone: _____ Email: _____

Carrier/Claim Number: _____

Loss Address: _____

City _____ State _____ Zip _____

Date of Loss: _____

Approx. Claim Value: _____

Subrogation Adjuster: _____

Property Adjuster: _____

Describe the facts, and identify the product that failed: _____

Who has the failed product?

Please provide their name and contact information. _____

Attorney will advise individual on evidence handling

Any additional information, including on the purchase or installation of the failed product? _____

[When emailing this form, please attach any relevant documents—such as purchase/installation invoices, claim notes or adjustment file.]