

Insurance Company Catastrophe Information Form

Company Name:

Company Address:

Company Claims Phone Number (for insureds):

Company Claims Website:

Company Claims Email Address (if applicable):

Dedicated Phone Number for Agents (if applicable):

Emergency Number:

Claims Manager:

Property Adjuster (Staff):

Automobile Adjuster (Staff):

Workers' Comp. Adjuster (Staff):

Marketing Rep:

Adjusting Company (Local):

Adjusting Company Address:

Hurricane Binding Authority:

Limitation or Suspension:

Other Information: