



Unparalleled Property Services

**ASSOCIATION USE ONLY**

**Hurricane Claim Form**  
Castle Management, LLC.  
12270 SW 3<sup>rd</sup> Street, Plantation, FL 33325  
**E-mail hurricane claim form to your insurance agent**

**PLEASE PRINT CLEARLY - ALL LINES MUST BE COMPLETED**

**Date:** \_\_\_\_\_  
**Name of Association:** \_\_\_\_\_  
**Previously reported:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Association Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Contact person name, title, and phone number:** \_\_\_\_\_

**Describe:** all property that was damaged, type of damage and where damaged property is. Be specific (*i.e. address of each building damaged, roof damage to 1234 Maple Drive; windows broken on unit numbers 34,36,37; water intrusion to cabana causing damage to interior south wall, tree fell on recreation building, etc.*) Be sure to include pictures of damage. Use the back of this form for your descriptions, if necessary.

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***For Property Manager Use Only:***

*Date Received:* \_\_\_\_\_ *Received by:* \_\_\_\_\_  
*Date acknowledgement letter sent to board member:* \_\_\_\_\_  
*Name of insurance company:* \_\_\_\_\_  
*Date called in to insurance company:* \_\_\_\_\_  
*Name of insurance company personnel taking claim:* \_\_\_\_\_  
*Claim number, if available with submission* \_\_\_\_\_  
*Claim submitted via phone:* \_\_\_\_\_ *fax:* \_\_\_\_\_ *e-mail:* \_\_\_\_\_  
*Data Entry Date:* \_\_\_\_\_  
*Cc to Regional Director:* \_\_\_\_\_