

INFORMATION SHEET



LOSS Date: _____

Claim #: _____

Deductible Amount \$ _____

FSA Estimators Information:

Estimator Name:	
Estimator Cell #	
Estimator Office #	843-626-7391
Estimator Fax #	843-448-9239
Email Address:	@fsamb.com
Website	www.Fsamb.com

Adjusters Information:

Adjusters Name:	
Adjusters Cell #	
Adjusters Office #	Ext.
Email Address:	

Insurance Agent Information

Agent Name:	
Agent Cell #	
Agent Office #	Ext.
Email Address:	

Property Management Company / Contact

Company Name:	
Prop Mgr Name:	
Prop Mgr Cell #	
Prop Mgr Office #	Ext.
Email Address:	