**Property Damage Claim Form**

**State of Oklahoma Foster Parent Insurance Program - 00044673**

**General Information**

**Foster Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of DHS Approval as Foster Parent: \_\_\_\_/\_\_\_/\_\_\_\_ Date of Child Placement: \_\_\_\_/\_\_\_/\_\_\_\_**

**Incident Information**

**Nature of Incident: Foster Parent Property Damage \_\_\_\_\_ or Damage to Property of Others \_\_\_\_\_**

**Date of Incident: \_\_\_\_/\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ am/pm Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many children were living in the home on the date of this incident? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many of these children are foster children? \_\_\_\_\_\_\_\_\_ How many are your own children? \_\_\_\_\_\_\_\_**

**Description of Property Damaged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Property Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated cost to repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Foster child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was the incident reported to the Police and/or Fire Department: Yes \_\_\_\_\_ No\_\_\_\_**

**If yes, when was the incident reported: \_\_\_\_\_\_\_\_\_ Who reported the incident?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you received: Letter from attorney \_\_\_\_\_\_\_, Lawsuit\_\_\_\_\_\_, Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach copies of any papers, documents, written receipts and/or proof(s) of payment that you have regarding this claim. Please include any additional information on a separate sheet of paper:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**If you have any questions, please call misty Anderson at 804-289-2970**

**Submit Report to: James River Insurance Company Claims Department**

**All Claims: FAX 804-420-1058 or** [**coreclaims@jamesriverins.com**](mailto:coreclaims@jamesriverins.com)

**Mail: P.O. Box 27648, Richmond, VA 23261-7648**