

Oregon Trial Lawyers Association Pro Bono Project

Fire Claim Assistance Intake Form

Name: _____

Address: _____

Phone: _____

Cell: _____

Email: _____

Other contact details:

What is the best way to reach you?

Cell

Email

Other: _____

Did you have insurance? Mark:

Yes

No

What kind(s) of insurance? Mark all that apply:

Homeowners

Renters

Business

Boat

Auto

Other: _____

List any information about your coverage and insurance company(ies) here:

What was the location of the damage and when did it occur?

What was damaged? Mark all that apply:

Car

Garage/Shed

Boat

Livestock

Home

Other (list below):

What do you need assistance with? How can I help?
