

Client Profile for BAPA

Client Name: _____

Phone: _____

Type of Loss: _____

Claim Number (*): _____

Related Policy Number: _____

Date of Loss: _____

Insurance Company / Adjuster's Name: _____

Adjuster's Phone / Adjusters' Email Address: _____

* Send any insurance paperwork you have if available.

Notes:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.