

BA Beneficial Adjusting Co.

-CHECKLIST-

- COLLISION COMPREHENSIVE PROPERTY DAMAGE
 BODILY INJURY HOMEOWNERS

Completed Required

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Claim Form (signed & dated) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Vehicle Registration |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Reg. Owner's Driver's License |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of driver's Driver's License (if driver is not reg. owner) |
| <input type="checkbox"/> | <input type="checkbox"/> | Police Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Repair Estimate |
| <input type="checkbox"/> | <input type="checkbox"/> | Photos of the Property (e.g. Vehicle or Home) |
| <input type="checkbox"/> | <input type="checkbox"/> | Authorization to operate Vehicle form (signed & dated by reg. owner; if driver not owner) |
| <input type="checkbox"/> | <input type="checkbox"/> | Policy Coverage Confirmation - Dec. Page, App, Endorsement(s), Premium Balance. |
| <input type="checkbox"/> | <input type="checkbox"/> | B.I. - Med. Record(s), Billing(s), Referral(s), Prescription(s), Medical Excuse. |
| <input type="checkbox"/> | <input type="checkbox"/> | Homeowners - Map to location of Property |
| <input type="checkbox"/> | <input type="checkbox"/> | Valid Photo ID |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER(s): _____
_____ |

Claimant's Name: _____

Insured's Name: _____

Policy No.: _____ Policy Term: _____

Date of Loss: _____