



# IOWA DENT SOLUTIONS

## Hail Claim Worksheet

Insurance Company Name: \_\_\_\_\_

Insurance Claims/Agent Phone #: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Location at Time of Loss: \_\_\_\_\_

Windshield/Glass Damage:	Y	N
Windshield		
Back Glass		
Side Glass		
Sunroof		

Claims Agent Name: \_\_\_\_\_

Time & Date of Call: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Rental Coverage:  YES  NO

Estimate Requirements:	Estimate at Shop of Choice	
	Claims Adjuster Appointment	
	CAT Team Facility	

E-mail to Send Estimate if Shop of Choice \_\_\_\_\_

Additional Notes: \_\_\_\_\_