



Hail Claim Worksheet

Name of Insured: _____

Insured phone #: _____ email: _____

Insurance Company Name: _____

Insurance Claims/Agent Phone #: _____

Date of Loss: _____

Location at Time of Loss: _____

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

Claims Agent Name: _____

Time & Date of Call: _____

Claim Number: _____

Rental Coverage:

YES	NO
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Estimate Requirements:	Estimate at Shop of Choice	
	Claims Adjuster Appointment	
	Direct Repair Facility	
	CAT Team Facility	

Insurance E-mail to send shop estimate to _____

Additional Notes: _____
