



**Dependable
Resolutions**

Results, when it matters most!

PUBLIC ADJUSTERS

REFERRAL PARTNER:

PUBLIC ADJUSTER QUESTIONNAIRE



1. INSURED / CONTACT INFORMATION

Named Insured 1: _____

Named Insured 2: _____

Email 1: _____

Email 2: _____

Phone 1: _____

Phone 2: _____

Property Address (where loss occurred): _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

Best Time / Method to Contact: _____



2. INSURANCE & CLAIM INFORMATION

Insurance Carrier: _____

Claim Number: _____

Policy Number: _____

Date of Loss: _____

Type of Loss: ☐ Fire ☐ Water ☐ Hail ☐ Wind

☐ Other: _____

Deductible: \$ _____



3. CONTRACTOR / VENDOR INFORMATION

Contractor / Company Name: _____

Phone: _____



YOUR LOCAL PUBLIC ADJUSTER
Bradford Starnes
Licensed Public Adjuster



602-300-7731
brad@dependableresolutions.net
DependableResolutions.net

*We're here for you.
Every step of the way.*



FIRE DAMAGE
CLAIMS



HAIL
DAMAGE



STRUCTURAL
DAMAGE



WATER
DAMAGE



CONTENTS
CLAIMS



LOSS OF
USE (ALE)