

# INSURANCE SPECIALIST CONTACT RECORD

CLIENT/PROPERTY OWNER NAME: \_\_\_\_\_

PROPERTY LOCATION/ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ ALT. TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF ASSISTANCE NEEDED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

..... FEMA ONLY .....

ACTION STEPS TAKEN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESOLUTION: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

