

## GLWA Office of The General Counsel 735 Randolph Street, Detroit, MI 48226

WATED MAIN DDEAK CLAIM EODM

Phone: 844-455-4592 Fax: (313) 842-6510

VV	ALEK MAIN D	REAR CLAIM FURM		PLEASE PRINT OR TYPE
Sir,	/Madam:	FOR OFFICE USE ONLY	Claim Number:	Date: / / 20
	_	gainst the Great Lakes Water Authority wing happening or discovered on: /_	_/20 at:	$\square$ AM $\square$ PM
1.	Address of affected property including cross streets.			
2.	Explain in detail what happened. Use additional sheets if necessary.			
3.	Description of Claim.			
	List in detail the damages, and provide a dollar value next to each item. Use additional sheets if necessary.			
4.	Total amount of claim:	\$ Note: Please provide legible copies of receipts for repair or replacement of items damaged, or receipts for expenses related to the incident such	clear pictures of property	damage, and copies of any
5.	Answer the following if this claim involves flooding of your home or business.	Do you have a basement? Yes No  If you had water in the basement, what was a		eet inches

witnesses of incident. Use additional sheets if necessary.  10. Name of your Insurance Company and Details:  Name of agent:  Phone number:  Type of coverage:  Amount of deductible: \$  Have you filed a claim with your insurance company for damages?	dwelling.  it it load sheets if yes   No If "Yes," Year of purchase   and Purchase price \$    yving the home?   Yes   No If "Yes," Year of purchase   and Purchase price \$    rent the home?   Yes   No If "Yes," for how long?   Years,   Months and    Landlord's Name:   Landlord's Name:    Landlord's Address:   (Address)   (Doytime Phone No.)    1.   2.   3.    4.   5.   Mome   (Address)   (Doytime Phone No.)    1.   2.   3.    4.   4.   4.    2.   3.   4.    If your nee Company tails:   Name of agent:    Phone number:   Phone number:    Type of coverage:   Amount of deductible: \$    Have you filed a claim with your insurance company for damages?   Yes   No    If "No," give reason:    If "Yes," indicate the amount the insurance company paid: \$    What is the insurance claim number?    If "No," what reason did they give for turning down your claim?    It take photos of   Yes   No, If "Yes," please forward them    nage?   (Initial) (Last name)   (Age)    Int's Signature   (Initial) (Last name)   (Age)    (Spouse's first name)   (Initial) (Last name)   (Age)    (Street address)   (City)   (State) (Zip code)    (Home phone number)   (Doytime phone number)    (Street address)   (City)   (State) (Zip code)    (Home phone number)   (Doytime phone number)    (Street address)   (City)   (State) (Zip code)    (Home phone number)   (Doytime phone number)    (Street address)   (City)   (State) (Zip code)    (Home phone number)   (Doytime phone number)    (Street address)   (City)   (City)   (City)    (Street address)   (City)   (City)    (St	6.	List the full names of	(First name)	(Initial)	(Last name)		(Relationship)	(Age)		
Use additional sheets if necessary.    3.	ititional sheets if 2.    3.		9	1.							
4.	### A			2.							
5.   Some place of the state of the state of the damage?   Some place of the damage?    5.   Some place of the damage?   Some place of the dam	se, wing the home?   yes   No If "Yes," for how long?   Years,Months and     Landlord's Name:		necessary.	3.							
7. Own/buying the home?	yes   No If "Yes," Year of purchase   and Purchase price \$     rent the home?   yes   No If "Yes," for how long?   Years,   Months and     Landlord's Name:   Landlord's Address:     Name   (Address)   (Daytime Phone No.)     It into and sheets if     It your nee Company tails:     Name of agent:     Phone number:     Type of coverage:     Have you filed a claim with your insurance company for damages?   Yes   No     If "Yes," has the insurance company paid any portion of the damage?   Yes   No     If "Yes," indicate the amount the insurance company paid: \$     What is the insurance claim number?     If "No," what reason did they give for turning down your claim?     It take photos of mage?   Yes   No, If "Yes," please forward them     It take photos of mage?   (Initial) (Last name)   (Age)     It is signature   (Spouse's first name)   (Initial) (Last name)   (Age)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (City)   (State) (Zip code)     It is signature   (Sreet address)   (Signature address)   (State) (Zip code)     It is signature   (Sreet address)   (Signature address)   (Signature address)   (Signature address)   (Signature address)   (Signa			4.							
8. Do you rent the home?	rent the home?   yes   No If "Yes," for how long?   Years,   Months and   Landlord's Name:			5.							
8. Do you rent the home?	Years, Months and   Landlord's Name:   Landlord's Address:   Months and   Landlord's Address:   Months and   Months and   Landlord's Address:   Months and   Mo	<i>7.</i>	Own/buying the home?	☐ Yes ☐ No If "Yes	," Year of p	purchase	and Purchase pri	 ce \$			
Landlord's Name: Landlord's Address:  9. List all known witnesses of incident. Use additional sheets if necessary.  10. Name of your Insurance Company and Details:  Name of agent: Phone number: Type of coverage: Amount of deductible: \$ Have you filed a claim with your insurance company for damages?	Landlord's Name: Landlord's Address:  Name)  (Naddress)  (Name)  (Address)  (Name)  (Address)  (Name)  (Address)  (Name)  (Address)  (Name)  (Address)  (Name)  (Address)  (Age)  (	8.	Do you rent the home?				_				
List all known witnesses of incident Use additional sheets if necessary.   1.   2.   3.   4.   4.     4.   4.     4.     4.     4.	Company   Comp										
9. List all known witnesses of incident. Use additional sheets if necessary.  1. 2. 3. 4.  10. Name of your Insurance Company and Details:  Name of agent:  Phone number:  Type of coverage:  Amount of deductible: \$  Have you filed a claim with your insurance company for damages?	Known   (Name)   (Address)   (Daytime Phone No.)										
Use additional sheets if necessary.  2.  3.  4.  10. Name of your Insurance Company and Details:  Name of agent: Phone number: Type of coverage: Amount of deductible: \$ Have you filed a claim with your insurance company for damages?	ititional sheets if  2.  3.  4.  Name:	9.	List all known								
necessary.  2. 3. 4.  10. Name of your Insurance Company and Details:  Name of agent: Phone number: Type of coverage: Amount of deductible: \$ Have you filed a claim with your insurance company for damages?	2. 3. 4.  Name: Policy Number:  Address: Name of agent: Phone number: Type of coverage: Amount of deductible: \$ Have you filed a claim with your insurance company for damages?										
3.   4.   10.   Name of your   Insurance Company and Details:   Name of agent:   Phone number:   Type of coverage:   Amount of deductible: \$   Have you filed a claim with your insurance company for damages?   Yes   No   If "Yes," has the insurance company paid any portion of the damage?   Yes   No   If "Yes," indicate the amount the insurance company paid: \$   What is the insurance claim number?   If "No," what reason did they give for turning down your claim?   Yes   No, If "Yes," please forward them   Yes   Yes   No, If "Yes," please forward them   Yes   Yes   Yes   No, If "Yes," please forward them   Yes	3. 4. Name: Policy Number: Address: Name of agent: Phone number: Type of coverage: Amount of deductible: \$ Have you filed a claim with your insurance company for damages? Yes \ No If "No," give reason: If "Yes," has the insurance company paid any portion of the damage? Yes \ No If "Yes," indicate the amount the insurance company paid: \$ What is the insurance claim number? If "No," what reason did they give for turning down your claim?  It take photos of mage?  It was photos of mage			2.							
10. Name of your Insurance Company and Details:    Name of agent:	Address:  Name of agent:  Phone number:  Type of coverage:  Amount of deductible: \$  Have you filed a claim with your insurance company for damages?		,	3.							
Insurance Company and Details:  Address:  Name of agent:  Phone number:  Type of coverage:  Amount of deductible: \$  Have you filed a claim with your insurance company for damages?	Address:  Name of agent:  Phone number:  Type of coverage:  Amount of deductible: \$  Have you filed a claim with your insurance company for damages?			4.							
Address: Name of agent: Phone number: Type of coverage: Amount of deductible: \$ Have you filed a claim with your insurance company for damages?	Address:    Name of agent:   Phone number:   Type of coverage:   Amount of deductible: \$   Have you filed a claim with your insurance company for damages?   Yes   No   If "No," give reason:   If "Yes," has the insurance company paid any portion of the damage?   Yes   No   If "Yes," indicate the amount the insurance company paid: \$   What is the insurance claim number?   If "No," what reason did they give for turning down your claim?   If "No," what reason did they give for turning down your claim?   Itake photos of mage?   Yes   No, If "Yes," please forward them   (Age)   (First name)   (Initial)   (Last name)   (Age)   (Initial)   (Last name)   (Age)   (Initial)   (Ini	<i>10.</i>		Name:			Policy Number:				
Name of agent:  Phone number:  Type of coverage:  Amount of deductible: \$  Have you filed a claim with your insurance company for damages? Yes \ No  If "No," give reason:  If "Yes," has the insurance company paid any portion of the damage? Yes \ No  If "Yes," indicate the amount the insurance company paid: \$  What is the insurance claim number?  If "No," what reason did they give for turning down your claim?  11. Did you take photos of the damage? Yes \ No, If "Yes," please forward them	Name of agent: Phone number: Type of coverage: Amount of deductible: \$ Have you filed a claim with your insurance company for damages?   Yes   No   If "No," give reason: If "Yes," has the insurance company paid any portion of the damage?   Yes   No   If "Yes," indicate the amount the insurance company paid: \$ What is the insurance claim number? If "No," what reason did they give for turning down your claim?  **Utake photos of mage?**  **Utake photos of mage?**  **Utake photos of mage?**  **If "Yes," please forward them**  **Ited by:  **(First name)			Address:			· •				
Phone number:  Type of coverage:  Amount of deductible: \$  Have you filed a claim with your insurance company for damages? Yes \ No  If "No," give reason:  If "Yes," has the insurance company paid any portion of the damage? Yes \ No  If "Yes," indicate the amount the insurance company paid: \$  What is the insurance claim number?  If "No," what reason did they give for turning down your claim?  11. Did you take photos of the damage? Yes \ No, If "Yes," please forward them	Phone number:  Type of coverage:  Amount of deductible: \$  Have you filed a claim with your insurance company for damages?			Name of agent:							
Amount of deductible: \$  Have you filed a claim with your insurance company for damages?	Amount of deductible: \$ Have you filed a claim with your insurance company for damages?										
Amount of deductible: \$  Have you filed a claim with your insurance company for damages?	Amount of deductible: \$ Have you filed a claim with your insurance company for damages?										
Have you filed a claim with your insurance company for damages?  If "No," give reason:  If "Yes," has the insurance company paid any portion of the damage? Yes No  If "Yes," indicate the amount the insurance company paid: \$  What is the insurance claim number?  If "No," what reason did they give for turning down your claim?  11. Did you take photos of the damage?  No, If "Yes," please forward them	Have you filed a claim with your insurance company for damages?				:: \$						
If "No," give reason:  If "Yes," has the insurance company paid any portion of the damage? Yes No  If "Yes," indicate the amount the insurance company paid: \$  What is the insurance claim number?  If "No," what reason did they give for turning down your claim?  11. Did you take photos of the damage?  Yes No, If "Yes," please forward them	If "No," give reason:  If "Yes," has the insurance company paid any portion of the damage?  \[ If "Yes," indicate the amount the insurance company paid: \$  What is the insurance claim number?  If "No," what reason did they give for turning down your claim?  It take photos of mage?  It ted by:  (First name)					insurance company foi	damaaes?   Ye	es 🗆 No			
If "Yes," has the insurance company paid any portion of the damage? Yes No  If "Yes," indicate the amount the insurance company paid: \$  What is the insurance claim number?  If "No," what reason did they give for turning down your claim?  11. Did you take photos of the damage?  Yes No, If "Yes," please forward them	If "Yes," has the insurance company paid any portion of the damage?										
If "Yes," indicate the amount the insurance company paid: \$  What is the insurance claim number?  If "No," what reason did they give for turning down your claim?  11. Did you take photos of the damage?  Yes \sum No, If "Yes," please forward them	If "Yes," indicate the amount the insurance company paid: \$  What is the insurance claim number?  If "No," what reason did they give for turning down your claim?  It take photos of mage?  It the dy:  (First name) (Initial) (Last name) (Age)  (Spouse's first name) (Initial) (Last name) (Age)  (Street address) (City) (State) (Zip code)  (Home phone number) (Daytime phone number)  Great Lakes Water Authority Office of the General Counsel 735 Randolph St. Detroit, MI 48226 randal.brown@glwater.org  Image Check List: A in expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)				апсе сотп	any naid any nortion of	the damage? \(\sigma\) Ye	es 🗆 No			
What is the insurance claim number?  If "No," what reason did they give for turning down your claim?  11. Did you take photos of the damage?  Yes \sum No, If "Yes," please forward them	What is the insurance claim number?  If "No," what reason did they give for turning down your claim?  It take photos of mage?  It teld by:  (First name) (Initial) (Last name) (Age)  (Spouse's first name) (Initial) (Last name) (Age)  Int's Signature  (Street address) (City) (State) (Zip code)  (Home phone number) (Daytime phone number)  Great Lakes Water Authority Office of the General Counsel 735 Randolph St. Detroit, MI 48226 randal.brown@glwater.org  Image Check List:  A in expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)										
If "No," what reason did they give for turning down your claim?  11. Did you take photos of the damage?  Yes No, If "Yes," please forward them	If "No," what reason did they give for turning down your claim?  It take photos of mage?  It take photos of mage?  (First name)										
11. Did you take photos of the damage?   No, If "Yes," please forward them	teted by:    First name   (Initial) (Last name) (Age)						r claim?				
the damage?	tited by:  (First name) (Initial) (Last name) (Age)  (Spouse's first name) (Initial) (Last name) (Age)  (Street address) (City) (State) (Zip code)  (Home phone number) (Daytime phone number)  See mail or nail the transport of the General Counsel 735 Randolph St. Detroit, MI 48226 randal.brown@glwater.org  A in expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)			ij ivo, wnacreason e	ita they giv	c for carming down you	· ciaiiii.				
12 Submitted by	(First name) (Initial) (Last name) (Age)  (Spouse's first name) (Initial) (Last name) (Age)  (Initial) (Last name) (Age)  (Street address) (City) (State) (Zip code)  (Home phone number) (Daytime phone number)  (Great Lakes Water Authority Office of the General Counsel 735 Randolph St. Detroit, MI 48226 randal.brown@glwater.org  (Initial) (Last name) (Age)  (Age)  (Initial) (Last name) (Age)	11.		Yes No, If "Yes	s," please	forward them					
12. Submitted by.	(Spouse's first name) (Initial) (Last name) (Age)  Int's Signature  (Street address) (City) (State) (Zip code)  (Home phone number) (Daytime phone number)  See mail or nail the office of the General Counsel 735 Randolph St. Detroit, MI 48226 randal.brown@glwater.org  Image Check List:  A in expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)	<i>12.</i>	Submitted by:								
(First name) (Initial) (Last name) (Age)	(Street address)  (Street address)  (City)  (State)  (Zip code)  (Home phone number)  (Home phone number)  (Great Lakes Water Authority Office of the General Counsel 735 Randolph St. Detroit, MI 48226 randal.brown@glwater.org  (In expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)			(First name)	(Init	ial) (Last name)	(Age)				
(Snouse's first name) (Initial) (Last name) (Age)	(Street address)  (Street address)  (City)  (State)  (Zip code)  (Home phone number)  (Home phone number)  (Great Lakes Water Authority Office of the General Counsel 735 Randolph St. Detroit, MI 48226 randal.brown@glwater.org  (In expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)			(Snouse's first name)	(Init	ial) (Last name)	(Aae)				
	(Street address)  (City)  (State)  (Zip code)  (Home phone number)  (Home phone number)  (Great Lakes Water Authority  Office of the General Counsel 735 Randolph St. Detroit, MI 48226 randal.brown@glwater.org  (In expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)		Claimant's Sianature		(IIII	uij (Eust nume)	(rige)				
(Street address) (City) (State) (Zip code)	(Home phone number) (Daytime phone number)  Great Lakes Water Authority Office of the General Counsel 735 Randolph St. Detroit, MI 48226 randal.brown@glwater.org  Tamage Check List: A in expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)					(City)	(State)	(Zip code)			
Date	(Home phone number)  Great Lakes Water Authority Office of the General Counsel 735 Randolph St. Detroit, MI 48226 randal.brown@glwater.org  Image Check List: A in expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)										
(Home phone number) (Daytime phone number)	nail the office of the General Counsel 735 Randolph St. Detroit, MI 48226 randal.brown@glwater.org  Image Check List: A in expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)					(Daytime phone nui	nber)				
email the Office of the General Counsel 735 Randolph St. Detroit, MI 48226	A in expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)		email the	Office of the General Cou 735 Randolph St. Detroit	nsel , MI 48226						
Clear Pictures of property damages (original photos)				needed		<del></del>					
Two (2) estimates for repairs needed Proof of submission to insurance company	<del></del>	$\Box$	Claim amount			(p	ayment/aeniai corres	ponaence)			