SBOA TENANT INSURANCE

MANAGER'S INTERNAL INCIDENT REPORT

TENANT INFORMATION

Name_____

Unit # _____

Home Phone_____

Cell Phone _____

Work Phone _____

Email _____

INCIDENT INFORMATION

Facility Name _____

Facility Address _____

City _____ State _____ Zip Code _____

Date of occurrence / discovery ___ / ___ / ___

Date Tenant reported to you ___ / ___ / ___

TYPE OF INCIDENT

□ Burglary** □ Fire □ Water Damage □ Other _____

**Police report must be filed by either tenant or manager*

***Evidence of forcible entry*

YOUR STATEMENT

In your own words, please describe in detail the events that led to the incident:

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Signature _____ Print Name _____

Date of submission ___ / ___ / ___

Contact Phone Number_____ Email _____

SUBMISSION INSTRUCTIONS

After completing the Manager's Incident form, please: Email or fax a copy of the form to Cornerstone Claims Department at **sboa-claims@cornerstone-operations.com** or fax: **(717) 964-6296**.

If you have questions regarding the claim, you may call the Claims Department at **(800-792-0345)**.