

## WASHINGTON COUNTY, VIRGINIA INSURANCE VERIFICATION FORM

| <b>Date:</b>                 | Time:         | Intake by:      |   |
|------------------------------|---------------|-----------------|---|
| Resident Name:               |               | Contact Number: |   |
| Physical Address:            |               |                 |   |
| Type of Damage: Destroyed_   | Major Dama    | geOther         | _ |
| Alternate Contact Informatio | on:           |                 |   |
| Insurance (Residential) Cove | rage:Yes _    | No              |   |
| Insurance Company:           |               |                 |   |
| Insurance Agent:             |               | Agent Number:   |   |
| Received Assessment by Insu  | rance:Yes     | No              |   |
| How Much Coverage:           |               |                 |   |
| Number of People in Househ   |               |                 |   |
| Approximate Total Income o   | f Households: |                 |   |
| Any Additional Needs or Cor  |               |                 |   |
|                              |               |                 |   |
|                              |               |                 |   |
| Office Use:                  |               |                 |   |
|                              |               |                 |   |
|                              |               |                 |   |
|                              |               |                 |   |
|                              |               |                 |   |
|                              |               |                 |   |