

# AHRP

Affordable Housing Risk Pool  
7111 NE 179<sup>th</sup> Street • Vancouver, WA 98686  
PHONE: (360) 574-9035 • FAX: (360) 574-9401

## NOTICE OF CLAIM OR INCIDENT

Insured Entity: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Entity Contact: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Location of Incident: \_\_\_\_\_

⇒ Legal Owner of Property: \_\_\_\_\_

Describe What Happened: \_\_\_\_\_

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

If this is a property loss, would you like HARRP to assign an adjuster?: Yes  No

Property Loss Severity:  Low  Medium  High

(Low = Damage to one room; Medium = Damage to a unit or multiple rooms; High = Damage to building structure)

Claimant Name (only if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

What Action Have You Taken?: \_\_\_\_\_

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

List the name, address and telephone number of any witnesses:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Please attach any documents or reports available to you or forward them as soon as possible.**

Note: This completed form must be filled out completely and submitted to AHRP as soon as you become aware of an incident which has or will likely lead to a claim against you.