

# AHRP

Affordable Housing Risk Pool  
7111 NE 179<sup>th</sup> Street • Vancouver, WA 98686  
PHONE: (360) 574-9035  
**Email:** [rick@harrp.com](mailto:rick@harrp.com) &/or, [robin@harrp.com](mailto:robin@harrp.com)

## NOTICE OF CLAIM OR INCIDENT

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

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

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

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

⇒ **Legal Owner of Property:** \_\_\_\_\_

**Was This Unit(s) Vacant Prior to the Loss?** \_\_\_ Yes \_\_\_ No **How Long Has It Been Vacant?** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**If this is a property loss, would you like AHRP 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.