



DIVERSE

PROTECTION SERVICES

ACCIDENTAL RENTAL DAMAGE INSURANCE CLAIM FORM

To be completed by Property Management

Note: Initial claim form must be submitted by the participating Property Management Company to Mercury Claims & Assistance of Wisconsin, LLC within 14 business days of initial damage. Additional correspondence including original receipt for replacement or repaired items and/or original invoice or work order must be submitted within 60 days of the initial filing to be eligible for reimbursement. All original documents received become property of Mercury Claims & Assistance of Wisconsin, LLC. Please make a copy of your submission for your records. This policy will be strictly adhered to.

Property Management Company Name: _____
Property Address: _____
Unit Number: _____ Booking #: _____
Name on Reservation: _____ Dates of Occupancy: _____
Date of Insurance Purchase: _____ Cost of Insurance: _____

Nature of incident that caused the damage (on theft claims include a copy of police report filed by the guest):

How was damage reported? Guest _____ Housekeeping _____ Unit Inspector _____
If reported by Guest list Guest Name: _____
Date Reported: _____

Corrective action to be taken (Must include original repair bills and/or original purchase receipt):

Note: The Property Manager is required to secure and retain damaged property for 60 days from the date the claim is submitted to Mercury Claims & Assistance. Photographs of the property damage may be required. (This would apply to all claim requests of \$1000.00 or higher)

Name of Property Manager: _____
Telephone Number: _____

I certify that the information contained in this report is true and accurate.

Signature of Person completing this report (required): _____
Date: _____

Once completed mail this claim form along with necessary documentation to:
Mercury Claims and Assistance of Wisconsin, L.L.C.
P. O. Box 47,
Stevens Point, WI 54481-0047

Claims/correspondence can be emailed or faxed to:
Email: ardiclaims@travelguard.com
Fax: 715-295-1113

Additional correspondence including receipt/invoice must be submitted within 60 days of the initial filing to be eligible for reimbursement. This policy will be strictly adhered to. (If payment is to be issued to anyone other than the Property Management, please indicate to whom payment should be issued to). **Please refer to claim# issued on all correspondence.**