

BrassCraft Claims Administrator
 P.O. Box 40007
 College Station TX 77842-4007



BAO

IMPORTANT LEGAL MATERIALS

BRASSCRAFT YELLOW BRASS SUPPLEMENTAL SETTLEMENT CLAIM FORM

Name of Property Owner: _____

Address of Property Unit:

Street: _____

City: _____ State: _____ Zip: _____

BrassCraft Settlement Claim Number: _____

Property Damage Claim Details				
Description of Damaged Item or Related Expense	Details of Damage / Loss	Actual or Estimated Date of Purchase or Installation	Actual or Estimated Original Purchase Price	Amount Claimed
			Total Sum Claimed	





This form **MUST** be accompanied by photographs depicting all alleged property damage and copies of all related claim documents from your insurance company (if any), invoices, expense records, receipts, or other verifiable documents for your reasonable out-of-pocket expenses for repair or replacement of damaged property that were not otherwise paid or reimbursed by an insurance company or other entity.

All owners of the subject property seeking property damage benefits MUST sign this Claim Form.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE.

_____ Date: _____ / _____ / _____
 Owner Signature

_____ Date: _____ / _____ / _____
 Co-Owner Signature:

_____ Date: _____ / _____ / _____
 Business or Entity Signature:

