

**BrassCraft Claims Administrator**

P.O. Box 404000  
Louisville, KY 40233-4000

**BAO**

**IMPORTANT LEGAL MATERIALS**

Name/Address:

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_

Alternate phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**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
<b>Total Sum Claimed</b>				



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:

