



CLAIM FORM

CLAIMANT INFORMATION:

Full Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical address): _____

JXN Water Account Number # (If Applicable): _____

Preferred Phone Number: _____ Preferred Email Address: _____

LOSS INFORMATION:

Date of loss: _____ Amount of loss: _____

Location of Loss: _____

How loss occurred: _____

Have you filed a claim for this loss with home, auto, or other insurance? _____

Please provide a detailed description of your claim (attach additional sheets if needed): _____

Provide the name(s), phone number(s) and address(es) of the witness(es) you rely on to support your claim:

Amount for which you will settle claim: _____

DOCUMENTATION:

Attach all documents to support your claim such as: purchase receipts, damage or repair estimates, before and after photographs and videos, e.g., any item that supports your claim.

Attach proof of ownership of damaged property.

I/We understand that a fully completed claim form accompanied by appropriate supporting documentation is required by JXN Water in order to investigate and process this claim. I/We understand that my claim will be evaluated; however, submission of a claim does not guarantee repair or reimbursement. By my/our signature(s), I/we attest that the information recorded on this claim form and the documents provided to support this claim are factual and accurate.

Signature of Claimant: _____ Date: _____

Signature of Claimant: _____ Date: _____

Please submit this form along with all supporting documentation either via email to JXN Water at **JXNWaterLegal@formanwatkins.com** or via mail to **JXN Water, P.O. Box 4505, Jackson, MS 39296**.