

CLAIMANT INFORMATION:

Full Name:			
Physical Address:			
City:	State:	Zip:	
Mailing Address (if different from p	ohysical address):		
JXN Water Account Number # (If A	pplicable):		
Preferred Phone Number:	Prefe	rred 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 descript	ion of your claim (attach a	additional sheets if neede	d):
Description that the second of			
Provide the name(s), phone numb	er(s) and address(es) of t	ne witness(es) you rely o	n to support your claim:
Amount for which you will settle c	laim:		
DOCUMENTATION:			
	any item that supports yo		nage or repair estimates, before and ny originals. All materials submitted
Attach proof of ownership of damag	ged property. It is your resp	onsibility to prove the valu	e of your loss.
JXN Water in order to investigate	and process this claim. I trantee repair or reimburse	//We understand that my ement. By my/our signatur	orting documentation is required by claim will be evaluated; however, e(s), I/we attest that the information al and accurate.
Signature of Claimant:		Date:	
Signature of Claimant:		Date:	
Please submit this form alor	ng with all supporting	documentation eithe	r via email to JXN Water at

JXNWaterLegal@fpwk.com or via mail to JXN Water, P.O. Box 4505, Jackson, MS 39296.