

## Insurance Concern Questionnaire

This questionnaire has been designed to collect information regarding insurance issues and concerns of Mantoloking homeowners as a result of Super Storm Sandy. Please fill in the information requested and explain your concerns or issues at the end of the statistical data. Please categorize your issue first, then explain in detail. Once this data has been collected, it will be presented to our Congressional delegation.

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Name \_\_\_\_\_

Mantoloking Address \_\_\_\_\_

Property ID \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Insurance Adjuster \_\_\_\_\_

Insurance Contact Phone \_\_\_\_\_

Insurance Filed Yes \_\_\_\_\_ No \_\_\_\_\_

Filing Date (if applicable) \_\_\_\_\_

Categorize your Concern \_\_\_\_\_

## Further Explanation of Concern