

Wells Fargo Home Mortgage

Loss Draft Correspondence

P.O. Box 4455

Springfield, OH 45501-4455

(888) 882-1838

GENERAL INFORMATION FORM

Loan Number: _____

Please fill out the following general information form concerning your claim.

A. Date of loss: _____

B. Type of loss (i.e., fire, hail, water, etc.): _____

C. Area damaged (i.e., roof, ceilings, walls, total loss, etc.):

D. Home telephone number with area code: (____) _____

E. Work telephone number with area code: (____) _____

F. Cell phone number with area code: (____) _____

G. Your mailing address while repairs are being made (if applicable):

H. Name, address and telephone number of the contractor(s) if applicable:

I. Name and telephone number of the Insurance Adjuster:

J. Contact information for the inspections request:
