



CRS

Temporary Housing

800.968.0848 Tel • 800.659.2727 Fax • www.crstemphousing.com

HOUSING REQUEST

Last Name _____

Today's Date/Time: _____

CONTACT INFORMATION:

How did you hear about CRS? _____

Company Adjuster Independent Adjuster Claim #: _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax #: _____

E-mail: _____

Other: _____

Phone#: _____ Fax #: _____

POLICYHOLDER INFORMATION:

Last Name: _____ First _____ Est. Length of Stay: _____

Perm #: _____ Start Date: _____

Phone #2: _____ Need Hotel: YES NO When: _____

Phone#3: _____ Already in Hotel: YES NO

Hotel Phone: _____ Hotel Daily Rate: \$ _____

DAMAGED/CURRENT RESIDENCE:

Address: _____ Sq Ft: _____ Bd: _____ Bth: _____

City: _____ State: _____ Zip: _____

Cross Streets: _____

Type of Loss: _____ Date of Loss: _____

ALE Limit: _____

Home Insured For: \$ _____ Year Home Was Built: _____

HOUSING REQUIREMENTS:

House Condo Townhouse Apartment Mobile Home

Number of Bedrooms: _____ Bathrooms: _____

Number of Adults: _____ Number of Children (ages): _____

Pets? YES NO If yes, type, breed & number: _____

Furniture: YES NO Housewares: YES NO

Desired Location: _____

Boundaries: North: _____ South: _____

East: _____ West: _____

COMMENTS:

Taken By: _____ Specialist: _____

Called In By: Insured Adjuster Other How often would you like to be updated? _____