



Property Manager Information Request Form



Claims Department:

Red Sky Claims, C/O Arch Insurance Company
Executive Plaza IV, 11350 McCormick Road, Suite 102, Hunt Valley, MD 21031

Toll Free Phone: (866) 889-7409 | **Fax:** (443) 279-2901 | **E-mail:** redsky@archinsurance.com

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



Property Management Company: _____

Contact: _____

Phone #: _____

Fax #: _____

Claimant: _____

Primary Leaseholder: _____

Policy #: _____

Reservation #: _____

Check-in Date: _____

Check-out Date: _____

Destination: _____

Arch Insurance is processing a claim for the above named client(s).

Please provide us with the following:

- ✓ Copy of refund check or verification of amounts refunded to credit card. If no refund is to be issued, please advise in writing: _____
- ✓ Please confirm in writing whether or not the property was rented since this client cancelled their reservation: _____
- ✓ Total amount refunded to this client: _____
(Total amount excluding the insurance premium)
- ✓ Date of insurance purchase: _____
- ✓ Date of initial deposit: _____
- ✓ Maximum occupancy limit on rental property: _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable by law. I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

Name of person who completed this form: _____

Title: _____

Date Completed: _____

Email Address: _____