



# 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:** \_\_\_\_\_