

**INSTRUCTIONS FOR ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR PROPERTY DAMAGE**

www.bdadj.alabama.gov

NOTE: Claims must be presented to the Alabama State Board of Adjustment within one year after the date of the property damage. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in ink or typed. All supporting documentation must be submitted on 8 ½ x 11 paper front side only.

Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

• **MAIL COMPLETED FORMS TO:**

Alabama State Board of Adjustment
600 Dexter Avenue, Suite E-302
Montgomery, AL 36104

• **FORMS MAY BE DELIVERED TO:**

Alabama State Board of Adjustment
State Capitol Building, Suite E-302
Montgomery, Alabama

• Telephone Numbers: (334) 242-7175 Fax: (334) 242-2008

1. Enter the name of the State Agency you are filing your claim against. (Example: Department of Transportation, Department of Education, etc.)
2. Enter your personal information. Enter your Name, Address, Telephone Number(s), Email Address, the last four digits of your Social Security Number or the last four digits of your FEIN if a business. Claims without the last four digits cannot be processed and will be returned to the Claimant.
3. If you have an attorney, enter your attorney's information. (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)
4. Facts of the Claim:
 - A. Enter the date the property damage occurred.
 - B. Enter the location/address where the property damage occurred.
 - C. Enter a statement of facts describing the property damage and the events surrounding the damage. Documentation must accompany the claim for proof of the damage claimed. Provide an official accident/incident report and any other evidence to prove that the incident upon which the claim is based did take place. (Photographs and other documents must be provided in printed form. Documents will not be printed from CDs, flash drives or other electronic media.)
5. Damages to Personal Property:

List all expenses you are claiming and the amount for each. Describe the personal property damaged. (Year/Make/Model of Vehicle, Watch, Eyeglasses, Clothing, etc.) Attach copies of invoices, proof of purchase, replacement cost, etc. If claiming mileage, use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.

 - A. Enter to the TOTAL dollar amount for the items being claimed which were damaged.

6. Insurance Coverage:

- A. If you have insurance that will cover all or part of the damage, check “Yes”; otherwise, check “No”.
- B. If you checked “Yes” in 6.A., provide the name of your insurance company.
- C. If you answered “Yes” in Item 6.B., list the amount of insurance coverage and your deductible. (For damages to personal property, it will be necessary to provide a copy of your insurance declaration page which indicates your amount of coverage and your deductible.)
- D. If you have filed for coverage with your insurance company, check “Yes”; otherwise, check “No”

7. Enter the GRAND TOTAL amount you are claiming for all of the items described from Line 5.A.

8. Sign the claim form in the presence of a Notary Public, print your name and have the notary complete the verification section.

**ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR PROPERTY DAMAGE**

See Page 1-2 of this form for instructions. Each number on the form corresponds with numbers on instruction sheets. Read all instructions carefully to ensure your claim is not returned for additional supporting documentation. See INSTRUCTIONS for mailing or hand delivering this form to the Board of Adjustment (Page 1).

DO NOT WRITE IN THIS SPACE. FOR ALABAMA STATE BOARD OF ADJUSTMENT USE ONLY.

Claim No.: _____

1. Enter the Name of the Department or Agency of the State of Alabama against which you are making this claim:

2. Enter your Name, Mailing Address, E-mail Address, Contact Telephone Number(s) and Social Security # or FEIN:

Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Home Telephone No.: _____ Office Telephone No.: _____

Cellular Telephone No.: _____ Fax No.: _____

Claimant's Last Four Digits of Social Security No. or last four digits of Business FEIN:

SSN: XXX-XX-_____ FEIN: XX-XXX _____

If injured party is a minor (under 19 years of age), claim must be signed and filed by parent or guardian as claimant. Give name and age of minor and the name and relationship of person with whom minor lives.

Name of Minor: _____ Age of Minor: _____

Name of Person with whom Minor Lives: _____

Relationship of Person to Minor: _____

3. Claimant's Attorney: (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)

Attorney Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Office Telephone No.: _____ Fax No.: _____

4. Facts of Claim:

A. Date Damage Occurred: _____

B. Where did accident or damage occur: _____

C. Statement of Facts: _____

5. Damages to Personal Property:

List all expenses you are claiming and the amount for each (Describe personal property damaged (Year/Make/Model of Vehicle, Watch, Eyeglasses, Clothing, etc.). Attach copies of invoices, proof of purchase, replacement cost, etc. If claiming mileage, use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.

Item	Amount of Expense

A. Total of Items Damaged: _____

6. Insurance Coverage:

A. Do you have insurance which would cover all or part of the damage? Yes No

B. If yes, provide name of insurance company: _____

C. Amount of Coverage: _____

Comprehensive Deductible: _____ Collision Deductible: _____

D. Have you filed for coverage to which you are entitled under your policy? Yes No

7. What is the GRAND TOTAL amount you are claiming for all items described in 5.A.?

Total Amount for this Claim: _____

8. Signature of Claimant/Authorized Representative: _____

Please Print Name _____

VERIFICATION

STATE OF _____

COUNTY OF _____

Before me, a Notary Public in and for said state and county, personally appeared the person whose name is signed above who being made known to me and being duly sworn to give true testimony, affirmed that all of the above stated facts are true and correct.

Sworn and subscribed before me this _____ day of _____, 20 ____

AFFIX SEAL

Signature of Notary Public _____

Printed Name _____