



*Orange Door Storage Insurance Program		*CONTRACT : 2618	
		Internal Sedgwick use only	
Reporter Information			
*First Name:		*Last Name:	
Work Phone:			
Cell Phone:			
Storage Facility/Location Information			
Storage Facility/Location Number if known:			
*Street Address/Street Name:			
*City:	*State:	Zip Code:	
Phone:			
Incident Information			
*Date of Incident/Discovery:			
Time of Incident/Discovery: AM <input type="checkbox"/> PM <input type="checkbox"/>			
Authorities Involved: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Authority Name:			
Report Filed: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Report #			
Property Damage Information			
Describe Item(s):			
*Property Damage Description and how Damage occurred:			
Estimated Damage for the loss:			
Property Owner of Damaged Contents			
*First Name:		*Last Name:	
*Street Address:			
*City:	*State:	Zip Code:	
County:		Country:	
Home Phone:			
Cell Phone:			
Email Address:			
Would you like to receive claim documentation by email? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What email address would you like to use?			
Would you like to provide a cell number for text status updates? Yes <input type="checkbox"/> No <input type="checkbox"/> Please note that standard text messaging rates will apply.			
Cell Number for status updates:			
Additional Information			
Was the property manager notified of the loss or damage:			
Storage Unit Number if known:			
Public Storage Account Number if known:			
Who discovered the loss:			
Current Location of the damaged items:			
Have you filed any other claims: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, what type of loss:			
If yes, date other claim was filed:			
Contact Information (if different than Reporter or Property Owner)			
First Name:		Last Name	
Phone Number			
Email:			
Comments/Remarks:			

***Indicates a mandatory field that must be completed in order to file a claim. However, in order to best process your request, please provide as much information as possible.**

Please complete the Orange Door Claim Intake Form, and email to 2618orangedoor@sedgwickcms.com OR fax to 844-244-2286. Upon submission, a claims representative will contact you within 2 business days.

Please note this address is for receiving new claim intake forms only.