

SUBROGATION FILE REFERRAL FORM

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CONSTRUCTION DEFECT

(For Homebuilders Only - Insurers Use Property Referral Form)

Date: _____ Claim or File Number: _____

Your Company: _____ Your Name: _____

Company Address: _____

Phone No.: _____ Ext.: _____ Email: _____

Nature of Defect: Water Leak/Mold Electrical Fireplace/Chimney Insulation/Vapor Barrier HVAC Landscaping/Grading Painting Finish Carpentry/Cosmetic Dry Rot Foundation/Slab Roofing Masonry/Basement Wall Fumes/Air Quality Issues Siding Materials/Cracking/Peeling Structural/Walls Flooring Other: _____

Full and correct name of property owner(s) making the initial construction defect complaint:

Owner's Address: _____

Owner's Phone No.: _____

Owner's Homeowner's Insurance Carrier: _____

Owner's Attorney If Applicable: Name: _____ Phone No.: _____

Dates of Construction (Substantial Completion)/Improvements: _____

Date Owner Discovered Defect: _____ Date you were placed on notice: _____

Total Claim Paid: \$ _____ Date of Payment: _____

Describe Nature of Claim Payment (repair, rebuild, loss of use, etc.): _____

State in which construction defect is alleged to have occurred: _____

Has a law suit been filed? _____ Location of Case/Venue: _____

Detailed description of the construction defect: _____

Third Parties: Subcontractors, Suppliers, Architects

(1) Name and address: _____

Work Performed/Discipline: _____ Written contract? _____ If so, is it attached? _____

(2) Name and address: _____

Work Performed/Discipline: _____ Written contract? _____ If so, is it attached? _____

(3) Name and address: _____

Work Performed/Discipline: _____ Written contract? _____ If so, is it attached? _____

Who is at fault and why? _____

Describe Investigation Performed: _____

Has an unbiased, independent analysis/inspection been performed? _____

Name: _____ Telephone: _____

Company: _____

Opinion: _____

Special Handling Instructions: _____
