

Texas Property and Casualty Insurance Guaranty Association

STATEMENT OF CLAIM FOR REPLACEMENT COST BENEFITS

This statement will formalize my claim for replacement cost benefits with regards to the repairs done to my dwelling, located at _____.

By this statement I (we) affirm that the repairs to the above noted location are complete per the full scope of the estimate, as prepared and/or agreed upon by _____, detailed in the attached invoice. **Appraiser/Estimator**

I further affirm that my contractor,* _____, did complete such work for a total cost of \$ _____, and that payment of such amount has been paid, or is due and payable, by me (us).

(CLAIM NUMBER)

(DATE OF LOSS)

(PRINT INSURED NAME)

*_____
(INSURED SIGNATURE)

(DATE)

(PRINT INSURED NAME)

*_____
(INSURED SIGNATURE)

(DATE)

*This form is to be completed by the insured and signed by all named insureds on the insurance contract. It must be submitted, along with copies of all contractors' invoices, as part of any claim for replacement cost benefits. We need one for each contractor