



## Chubb Property Manager Authorization Form

I hereby authorize representatives of Chubb to enter the grounds of my property in order to assess exterior damage after a hurricane. I recognize that doing so may facilitate faster claim submission and may reduce the risk of further loss or damage to my property.

I understand that the Chubb representative will not be able to assess interior damage, unless I specifically coordinate access for the representative by calling 1.866.444.0360. Should the Chubb representative find obvious physical damage to my home, they can assist me in filing a claim.

Chubb will use its best efforts to provide the services to my property. I understand that there may be instances when Chubb will not be able to provide the services to my property. I recognize that it is my responsibility to provide accurate and current contact information to Chubb. In order for this service to be provided, this enrollment form must be completely filled out with accurate information.

I understand that this service is provided at no charge to secondary and seasonal homeowners with wind coverage to help facilitate the claim process and help minimize damage to my property. Chubb has the right to terminate this service at any time and for any reason. I understand that this service will automatically terminate if I am no longer a policyholder. I also understand that my participation is totally voluntary. *This service is only available for secondary or seasonal properties with wind coverage in the following states: AL, CT, DE, FL, GA, LA, MA, MD, MS, NC, NH, NJ, NY, PA, RI, SC, VA, TX coastal counties<sup>1</sup>, and the District of Columbia. Condo / co-operative and renter policies are not eligible for enrollment.*

### I hereby agree to the above terms:

Policyholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

Policyholder name (printed): \_\_\_\_\_

### The following information must be provided to receive this service:

Homeowner policy number: \_\_\_\_\_

Property address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Individual to be contacted during an emergency: \_\_\_\_\_

Preferred contact number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred contact method:  Phone  E-mail:  Text

Name of insurance agent/broker: \_\_\_\_\_

Agent/broker telephone number: \_\_\_\_\_ Agent/broker E-mail: \_\_\_\_\_

Please provide a physical description of your property or home, which can assist the Chubb Protection Specialist in locating your home in the event that street signs or house numbers are damaged by the catastrophe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1) Is the home located in a gated community?

Yes  No If yes, provide the name of the community: \_\_\_\_\_

2) Is the home protected by a perimeter gate?

Yes  No If yes, please provide gate access code: \_\_\_\_\_

3) Do you employ someone to check on the home in the event of an emergency?

Yes  No If yes, please provide a name and phone number: \_\_\_\_\_

Make sure all parts of the form are complete. You may submit the authorization form as follows:

By e-mail: [ChubbRiskConsulting@chubb.com](mailto:ChubbRiskConsulting@chubb.com)

By fax: 1.866.638.9522

By mail to: Chubb Personal Risk Services, Attention: Chubb Property Manager, 202 Halls Mill Road, Whitehouse Station, NJ 08889

This service is not available to condominium, cooperative or renter policyholders.

<sup>1</sup> Eligible Coastal Texas Counties: Aransas, Brazoria, Calhoun, Cameron, Chambers, Galveston, Harris, Jackson, Jefferson, Kenedy, Kleberg, Matagorda, Nueces, Refugio, San Patricio, and Willacy.