

858/505-6100

JORDAN Z. MARKS

ASSESSOR/RECORDER/COUNTY CLERK COUNTY OF SAN DIEGO BUSINESS DIVISION

9225 CLAIREMONT MESA BLVD., SAN DIEGO, CA $\,$ 92123-1211 FAX $\,$ 858/505-6266 $\,$

www.sdarcc.gov



PROPERTY DAMAGED BY MISFORTUNE OR CALAMITY

(This questionnaire must be completed and returned with the Application For Reassessment form MAF750A)

Applicant Name:		Account No	or Aircraft)
Address:	Apr	·	•
Normal Property Location: Tax Bill Number: 1. Was the loss due to no fault of your own? Yes No No 2. Was the loss due to theft? Yes No No 3. Manufacturer: 4. Year built: 5. Full Cost: 6. Insurance Company: 7. Policy Number: 8. Insured Value: 9. Amount of Payoff: 10. Date of Payoff: 11. Copy of accident report made to Insurance agency. 12. Copy of any survey or report of condition made after loss.			
Nas the loss due to no fault of your own? Yes No			
2. Was the loss due to theft? Yes No No Nanufacturer: 4. Year built: 5. Full Cost: 7. Policy Number: 9. Amount of Payoff: 10. Date of Payoff: 11. Copy of accident report made to Insurance agency. 12. Copy of any survey or report of condition made after loss.	Tax	x Bill Number:	
3. Manufacturer: 4. Year built: 5. Full Cost: 6. Insurance Company: 7. Policy Number: 8. Insured Value: 9. Amount of Payoff: 10. Date of Payoff: 11. Copy of accident report made to Insurance agency. 12. Copy of any survey or report of condition made after loss.	1.	Was the loss due to no fault of your own? Yes \[\] No \[\]	
4. Year built: 5. Full Cost: 6. Insurance Company: 7. Policy Number: 8. Insured Value: 9. Amount of Payoff: 10. Date of Payoff: 11. Copy of accident report made to Insurance agency. 12. Copy of any survey or report of condition made after loss.	2.	Was the loss due to theft? Yes No No	
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S. Insurance Company: 7. Policy Number: 8. Insured Value: 9. Amount of Payoff: 10. Date of Payoff: 11. Copy of accident report made to Insurance agency. 12. Copy of any survey or report of condition made after loss.	4.	Year built:	
7. Policy Number:	5.	Full Cost:	
3. Insured Value: 2. Amount of Payoff: 10. Date of Payoff: 11. Copy of accident report made to Insurance agency. 12. Copy of any survey or report of condition made after loss.	6.	Insurance Company:	
P. Amount of Payoff:	7.	Policy Number:	
10. Date of Payoff:	8.	Insured Value:	
 Copy of accident report made to Insurance agency. Copy of any survey or report of condition made after loss. 	9.	Amount of Payoff:	
2. Copy of any survey or report of condition made after loss.	10.	. Date of Payoff:	
	11.	. Copy of accident report made to Insurance agency.	
3. Copies of any reports made to or by any Government Agency.	12.	. Copy of any survey or report of condition made after loss.	
	13.	. Copies of any reports made to or by any Government Agency.	
4. Describe briefly the type of loss and how the loss occurred: (use addendum sheet(s) as necessor	14.	. Describe briefly the type of loss and how the loss occurred: (use addendum sheet(s) a	s necessary)
	ertify	fy (or declare) under penalty of perjury that the foregoing statements are true and	correct.
rtify (or declare) under penalty of perjury that the foregoing statements are true and correct.	nati	ture Daytime Phone No	