

**Florida Realtors® Disaster Relief Fund
Request for Office Damage Assistance**

1. Broker-Applicant's Name	
2. Local Board/Association	
3. Real Estate Firm Name/Address	Firm: Address: City/State: Zip:
4. Office Phone	
5. E-mail Address/Cell Phone	Email address: Cell Phone:
6. Signature of Broker-Applicant	
7. Damaged Property	Do you Own <input type="checkbox"/> or Rent <input type="checkbox"/> your office space? If your office is in your home, are you in compliance with local zoning and/or association rules? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Disaster Type & Images	Date and type of Disaster _____ May we utilize your images? Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Describe Damage Required Attachments: * Photos showing damage (please attach to email, do not place in body of email) *Insurance summary page *Contractor estimates *Insurance Adjustor Assessment *If renting, a copy of your lease	
10. Insurance Coverage	Insurance Co. Name: Total Deductible Amount: \$
11. Address to mail funds:	Address: City/State: Zip:
12. Validation by either the Board/Association: President, Officers, or AE	Signature: _____ WAIVED _____ Name: _____ Title: _____ Date: _____
13. THIS SECTION FOR OFFICE USE ONLY	
Remarks _____ _____	
Approved <input type="checkbox"/> Check # _____ Amount \$ _____ Denied <input type="checkbox"/>	
By Trustee: _____ Date: _____	

Send completed form to: drfclaims@floridarealtors.org OR

Florida Realtors® DRF
PO Box 725025, Orlando FL 32872-5022
Questions: 407-438-1400, ext. 2426