

# CLUE REPORT REQUEST

To: Insurance by Allied Brokers  
Attn: Customer Service  
Email: [abcosales@alliedbrokers.com](mailto:abcosales@alliedbrokers.com)

Date: \_\_\_\_\_  
Fax: 650.324.1142

## Claim History of Listing:

Listing/Risk Address: \_\_\_\_\_

Square feet of living space: \_\_\_\_\_

Age of dwelling: \_\_\_\_\_

## Buyers Claim History

Buyer's name: \_\_\_\_\_

Current Address: \_\_\_\_\_



LIC # 0525309

630 Cowper Street, Palo Alto, CA 94301 (650) 328-1000 Fax (650) 324-1142