JN GENERAL INSURANCE

# Catastrophe Notification Form

Date received: 10/24/2025 Reported by: _____

Catastrophe Name**: Hurricane Melissa**

Insured :_____Telephone #: _____

Type of Policy: _____

Date of Loss : _____

Time of Loss: _____

Location of Loss: _____

Description of Loss: _____

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TO BE FILLED BY JNGI STAFF

Action arranged with Insured: _____

Completed by: _____