



AMO Membership Assistance Program

Application for Relief Benefits

Mail completed form and enclosures to the attention of Jack Branthover
American Maritime Officers ■ 2 West Dixie Highway ■ Dania Beach, Florida 33004-4312

TYPE OF LOSS:

DATE OF LOSS:

1. NAME			2. TELEPHONE NUMBERS	
Last	First	M.I.	Current Phone Number ()	Cell Phone Number ()
Email:			3. BOOK # (IF APPLICABLE)	
5. ADDRESS OF DAMAGED PROPERTY				
Street Address		City	State	Zip+4

Do you own or rent your home? _____ Type of Residence _____

Current Mailing Address	City	State	Zip+4
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CAUSE OF DAMAGES / GIVE DETAILED DESCRIPTION / INCLUDE PHOTOS

Home damages? ____ Yes ____ No

Estimated Value of Loss _____

Personal Property Damages? ____ Yes ____ No

Estimated Value of Loss _____

Auto Damages: ____ Yes ____ No

Estimated Value of Loss _____

Do you have any disaster related essential need for food, clothing or shelter? ____ Yes ____ No

Estimated Value of Loss _____

Have you submitted an insurance claim? ____ Yes ____ No (If yes, what is the status?)

Please list all persons living in home at time of disaster

NAME	RELATIONSHIP	AGE	DEPENDANT

Signature of Applicant: _____

Date: _____