



# AMO Membership Assistance Program

## Application for Relief Benefits

Mail completed form and enclosures to the attention of Jack Branthover  
American Maritime Officers - 601 S. Federal Highway - Dania Beach, FL 33004-4312  
FAX: (954) 926-5112

**TYPE OF LOSS:**

**DATE OF LOSS:**

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

Do you own or rent your home? \_\_\_\_\_ Type of residence \_\_\_\_\_

Is this your primary 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 \_\_\_\_\_

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, please attach a copy)  
(If No, please explain why not)

Please list all persons living in home at time of disaster

NAME	RELATIONSHIP	AGE	DEPENDANT

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_