



HOST ASSURANCE – PAYMENT REQUEST FORM

Please complete each item below and return it within 21 days following the date of termination of the responsible guest's confirmed reservation of the applicable covered accommodation.

1. Name, mailing address and other contact data (email, cell phone, etc) for 3rd Home Host member:

2. Property name and physical location for the property where the loss occurred:

3. Name and contact information of the 3rd Home Guest member, whose reservation generated the loss:

4. Reservation dates: Start: _____ Termination: _____

5. Description of loss: _____

6. Estimated value of loss: Replacement costs \$ _____ or Restoration costs \$ _____

7. Method used to calculate loss, e.g., purchase price, repair estimate, etc.:

8. Date of, and nature of all attempts made by Host member to resolve claim with Guest Member:

SIGNATURE: _____ DATE: _____

**Save and send completed form to hostassurance@3rdhome.com.
Scan, attach and send additional pages where needed.**