



**Gulf & Atlantic Railways Property Damage Claim Form**

Owner of damaged property:

Name:

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Address:

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City, State & Zip:

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Home phone:

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Date of incident:

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Time of incident:

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Were there any physical injuries?

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If yes, please provide the names, addresses, and phone numbers of the injured parties:

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Location of incident (Street names and/or the nearest DOT crossing ID and milepost number):

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Please describe the circumstances under which the incident occurred:

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Homeowners' insurance company name:

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Homeowners' insurance company policy number:

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Homeowners' insurance company address:

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Homeowners' insurance company phone number:

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Please explain why you feel that the Railroad is at fault in this incident:

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Names, addresses and phone numbers of any witnesses:

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I certify that the above is true and correct.

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Signature Date

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Note:**

Please include photographs of equipment or product being claimed. Missing information and photos will delay processing of your claim. Additionally, submitting this information does not guarantee that payment will be made on your claim.

Return the claim form AND additional supporting information to:

Mail: Gulf & Atlantic Railways  
245 Riverside Ave, Suite 250  
Jacksonville, FL 32202

E-mail: [info@garailways.com](mailto:info@garailways.com)