

**PROPERTY INSURANCE PROOF & NOTICE OF LOSS FORM**

**INSTRUCTIONS**

**PLEASE NOTE: THIS CLAIM CANNOT BE PROCESSED UNLESS ALL SECTIONS ARE COMPLETE AND A COMPLETE COPY OF THE POLICE / FIRE REPORT IS INCLUDED.**

- A. ATTACH A COPY OF THE SALES CONTRACT FROM YOUR LENDER / CREDITOR**
- B. ATTACH A COPY OF THE CERTIFICATE OF INSURANCE FROM YOUR LENDER / CREDITOR**

**LENDER / CREDITOR INFORMATION**

NAME OF LENDER / CREDITOR

ACCOUNT #

MAILING ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

**CLAIMANT'S INFORMATION**

NAME OF CLAIMANT

CERTIFICATE #

MAILING ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

TYPE OF LOSS

DATE OF LOSS

**ITEMS CLAIMED MUST BE LISTED BELOW**

ARTICLE	PURCHASE DATE	PURCHASE PRICE	REPAIR COST

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OR USE SECOND CLAIM FORM

**FRAUD STATEMENT**

**FLORIDA RESIDENTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**TEXAS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON OR ANY COMBINATION THEREOF.

CLAIMANT'S NAME (PLEASE PRINT)	CLAIMANT'S SIGNATURE	ACCOUNT NUMBER	DATE