

**IMPORTANT NOTICE**  
**PLEASE READ CAREFULLY BEFORE COMPLETING YOUR CLAIM FORM**

**Failure to complete required sections and/or provide requested documentation will delay processing of your claim.**

**INSTRUCTIONS FOR COMPLETING FORM**

1. **Have Branch Office Information Section completed by your creditor or by the financial institution where the coverage was purchased. BE SURE TO INCLUDE YOUR AGENCY ACCOUNT NUMBER.**
2. **Attach a copy of certificate of insurance (Consumer Loan and Sales Finance Business).**
3. **Attach a copy of the Security Listing (Consumer Loan).**
4. **Attach a copy of the Sales Contract for each item claimed (Sales Finance Business).**
5. **Attach a copy of incident report (Fire and/or Police Department Report or other document verifying loss). IF LOSS IS DUE TO BURGLARY, MAKE SURE POLICE REPORT INDICATES HOW ENTRY WAS GAINED.**
6. **Attach a copy of repair bill or estimate for damaged items. IF REPAIRS HAVE BEEN PAID FOR, PLEASE RESUBMIT A COPY OF BILLING SHOWING AMOUNT PAID.**
7. **Follow your creditor's instructions for mailing the completed claim form.**

**Mail completed form and all supporting documentation to:**

**DFS Claims Department  
PO Box 977122  
Miami FL 33197-7122**

**ONCE YOUR CLAIM IS RECEIVED**

- **YOU WILL RECEIVE A LETTER ACKNOWLEDGING RECEIPT OF YOUR CLAIM. THE LETTER WILL CONTAIN YOUR CLAIM NUMBER.**
- **PLEASE ALLOW 15 BUSINESS DAYS FOR YOUR CLAIM TO BE PROCESSED.**
- **AFTER YOUR CLAIM HAS BEEN PROCESSED, YOU WILL RECEIVE A LETTER ADVISING OF APPROVAL, DENIAL OR REQUEST FOR ADDITIONAL INFORMATION.**

**American Bankers Insurance Company of Florida  
American Reliable Insurance Company  
American Security Insurance Company  
Reliable Lloyds Insurance Company  
Standard Guaranty Insurance Company  
Voyager Indemnity Insurance Company**  
P.O. Box 977122, Miami, FL 33197-7122 • 1.800.327.5288  
Attn: DFS Claims Department

**PROPERTY INSURANCE PROOF & NOTICE OF LOSS**

**INSTRUCTIONS**

**If the needed sections are not complete or if the attachments are not attached, the processing of the claim will be delayed.** (Check box after each item is completed.)

- 1. Have branch office information section completed by your creditor or by the financial institution where the coverage was purchased.
- 2. **Attach a copy of Certificate of Insurance (Consumer Loan and Sales Finance Business)**
- 3. Attach a copy of the Security Listing (Consumer Loan)
- 4. Attach a copy of the sales contract for each item claimed (Sales Finance Business)
- 5. Attach a copy of Incident Report (Fire and/or Police Department Report)  
**If loss is due to burglary, make sure police report indicates how entry was gained.**
- 6. Attach a copy of repair bill or estimate for damaged items.
- 7. Be sure to include your Agency Account Number (Item 2 on page 3).

**FAILURE TO COMPLETE REQUIRED SECTIONS AND PROVIDE REQUESTED DOCUMENTATION WILL DELAY PROCESSING OF YOUR CLAIM.**

**After mailing your claim, please allow 15 business days for processing.**

**American Bankers Insurance Company of Florida  
 American Reliable Insurance Company  
 American Security Insurance Company  
 Reliable Lloyds Insurance Company  
 Standard Guaranty Insurance Company  
 Voyager Indemnity Insurance Company**  
 P.O. Box 977122, Miami, FL 33197-7122 • 1.800.327.5288  
 Attn: DFS Claims Department

**PROPERTY INSURANCE PROOF & NOTICE OF LOSS**

**BRANCH OFFICE INFORMATION**

1. NAME OF CREDITOR/FINANCIAL INSTITUTION		2. AGENCY ACCOUNT NO. - BRANCH NUMBER			
3. STREET ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER	TELEPHONE NUMBER
4. TYPE OF BUSINESS <input type="checkbox"/> Consumer Loan <input type="checkbox"/> Sales Finance	5. CERTIFICATE/POLICY/MEMORANDUM NUMBER		6. EFFECTIVE DATE	7. EXPIRATION DATE	
8. AMOUNT OF INSURANCE \$	9. PREMIUM \$	<input type="checkbox"/> Dual Interest <input type="checkbox"/> Single Interest		10. NET INSURED BALANCE AT TIME OF LOSS \$	
11. WAS THE LOAN REFINANCED <input type="checkbox"/> Yes <input type="checkbox"/> No	12. PREVIOUS LOAN NUMBER		13. PREVIOUS POLICY/CERTIFICATE NUMBER		
NAME OF BRANCH REPRESENTATIVE (PLEASE PRINT)		SIGNATURE OF BRANCH REPRESENTATIVE <b>X</b>		DATE	

**CLAIMANT'S INFORMATION**

14. NAME OF CLAIMANT		15. CLAIMANT'S ACCOUNT NUMBER			
16. STREET ADDRESS/APT		CITY	STATE	ZIP CODE	
17. HOME PHONE	BUSINESS PHONE	18. CLAIMANT'S EMAIL ADDRESS (IF AVAILABLE)			
19. TYPE OF LOSS	20. DATE OF LOSS	21. DEGREE OF LOSS <input type="checkbox"/> Total <input type="checkbox"/> Partial			

**ITEMS CLAIMED MUST BE LISTED BELOW**

**Branch Representative - include Dealer Percentage (if applicable). Dealer cost does not apply to consumer loans.\***

ARTICLE	PURCHASE DATE	PURCHASE PRICE/ PROPERTY VALUE	REPAIR COST (if repairable)	Dealer Cost + % + TAX*
		\$	\$	
		\$	\$	
		\$	\$	

**IF ADDITIONAL SPACE IS NEEDED, ATTACH IN1224(1).** TOTAL AMOUNT BEING CLAIMED \$ \_\_\_\_\_

The furnishing of this form or the preparation of proofs by a representative of the insurance company issuing my policy is not a waiver of any of its rights. The said loss did not originate by any act, design or procurement on the part of the insurance company issuing my policy, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the insurance company issuing my policy, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

**WARNING: \*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties. For state specific Fraud Statements, see page 5.**

CLAIMANT'S NAME (PLEASE PRINT)	CLAIMANT'S SIGNATURE <b>X</b>	DATE / /
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## FRAUD STATEMENTS

**CA residents only:** For your protection California law requires the following to appear on this form: 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.

**CO residents only:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DC residents only: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FL residents only:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KY residents only:** Any person who knowingly and with intent to defraud any insurance company, or other person files a claim for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **HIGH LIMIT AD** - No statements made by the applicant may be changed without his written consent.

**MD residents only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NJ residents only:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NM residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**OK residents only: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**PA residents only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**RI residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TX residents only:** 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.

**VA residents only: \*This notice is not applicable to life and health insurance.**

**WA residents only:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.