

PROPERTY CLAIM FORM

All benefit payments are paid directly to your creditor.

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. Complete Sections 1 and 2.
- 2. Attach a copy of the sales ticket for each item claimed and repair bill or estimate for damaged items.
- 3. Attach a copy of the Police/Fire Department report, verifying the incident causing the loss, or your claim will be returned.
- 4. If a loss is due to burglary, make sure police report indicates how entry was gained.
- 5. Attach a copy of your ENTIRE CREDIT CARD BILLING STATEMENT (including top portion) for the month in which the incident occurred.
- 6. Fax completed form and any attachments to 305.252.6910.

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.

SECTION 1 - CLAIMANT'S INFORMATION

PLEASE PRINT

| | | | |
|--|--------------------------------------|--|-------------------|
| NAME OF FINANCIAL INSTITUTION OR STORE THAT ISSUED CREDIT CARD | | CREDIT CARD - ACCOUNT NUMBER | |
| NAME OF CLAIMANT | | | |
| CLAIMANT'S STREET ADDRESS/APT. # | | CITY | STATE ZIP CODE |
| TELEPHONE NUMBER (DAY) () | TELEPHONE NUMBER (EVENING) () | CLAIMANT'S E-MAIL ADDRESS (IF AVAILABLE) | |

I AUTHORIZE any insurance or reinsuring company, insurer, law enforcement agency, fire department, or other organization, or person having any records, data, or information concerning this claim to furnish such record, data, or information to the insurance company issuing my policy. I understand that in executing this authorization, I waive the right for such information to be privileged as it pertains to the processing or investigation of my claim(s). A photocopy of this authorization shall be considered as effective and valid as the original.

I, or my authorized representative, have the right to receive a copy of this authorization.

This authorization shall remain valid for the duration of the claim.

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 2.

| | |
|----------------------------------|----------------|
| CLAIMANT'S SIGNATURE X | DATE / / |
|----------------------------------|----------------|

SECTION 2 - PROPERTY CLAIM

PLEASE PRINT

TO BE COMPLETED BY CARDHOLDER

| | | | |
|---|-------------------------------------|---|---------------------|
| NAME OF STORE WHERE ITEM(S) WAS PURCHASED | TYPE OF LOSS (FIRE, BURGLARY, ETC.) | CAN ITEM(S) BE REPAIRED <input type="checkbox"/> Yes <input type="checkbox"/> No | DATE OF LOSS / / |
|---|-------------------------------------|---|---------------------|

HOW DID LOSS OCCUR (GIVE DETAILS)

List all items purchased with your credit card that you are claiming as a loss.

| ARTICLE/MODEL NUMBER | PURCHASE DATE | PURCHASE PRICE | TAX | REPAIR COST (ATTACH ESTIMATE) |
|-----------------------------|---------------|----------------|-----|----------------------------------|
| | / / | \$ | | \$ |
| | / / | \$ | | \$ |
| | / / | \$ | | \$ |
| | / / | \$ | | \$ |
| | / / | \$ | | \$ |
| | / / | \$ | | \$ |
| | / / | \$ | | \$ |
| | / / | \$ | | \$ |
| | / / | \$ | | \$ |
| TOTAL AMOUNT CLAIMED | | \$ | | \$ |

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.

For Florida Only - Pursuant to § 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in § 775.082, § 775.083, or § 775.084, Florida Statutes.

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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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.