

ID Theft Insurance

HOW TO FILE A CLAIM

- 1. Complete all items on the attached claim form.**
- 2. Attach the following documents (as applicable):**
 - **The completed claim form**
 - **Copy of all correspondence, police reports, bank or financial institution incident reports, etc., detailing the circumstances of the loss**
 - **Copy of payment or denial from any other sources of payment or any other insurance providing coverage for this loss**
 - **Copy of all bank and/or credit card statements identifying each fraudulent transaction**
 - **Copies of detailed invoices for all identity theft related expenses being claimed**

Please upload the completed and signed claim form and all required documents to myclaimsagent.com or mail the completed and signed claim form and all required documents to:

Claim Benefits
P.O. Box 4090
Atlanta, GA 30302

If you choose to mail your documents, please retain a copy of all material for your records. You will be contacted by a claim adjuster if additional information or documentation is required

If you have claim related questions, please call us at 855-231-2867.

Claim Benefit Services

**Personal Protection
Identity Theft
Claim Form
Insured's Statement**

(Please print – Attach separate sheet if additional space required)

INSURED INFORMATION

Insured's Name _____ Soc. Sec. No. ____ - ____ - _____
Insured's Address _____
Phone No. (H) _____ Phone No. (W) _____
Policy Number (Required) _____
Insured's E-mail Address _____
Dependent's Name (if applicable) _____
Relationship to Insured: _____

CLAIM INFORMATION

Date of loss: ____ / ____ / ____

Please describe in detail the circumstances of the loss. Please include the names and contact information of all individuals and financial institutions involved in this loss:

Please describe in detail the nature and extent of loss (i.e. time off work, lost application fess, attorney fees etc):

Has the perpetrator(s) been identified? _____

Have charges been filed or any judgments entered against them? _____

If so, please provide details:

Do you know the person that stole your information? _____ If yes, what is your relationship to the person? _____

If applicable, what is this person's name and address?

Do you have any other insurance that may provide coverage for this accident or loss? _____

If yes, please identify name, address and policy number of all other insurance including homeowners, travel club, credit cards, etc.

Company Name	Address	Policy #

Has a claim been filed? _____ If yes, what is the current status of that claim? _____

If you do not have any other insurance that would cover this loss, please complete the "Certification of No Other Insurance" portion of this form and have it notarized.

Was loss reported to police or other authorities? _____ If yes, please identify where, when and to whom (name and title) loss was reported:

_____ Case # _____

Immediately prior to the loss, was the insured person receiving disability insurance, social security disability, unemployment compensation, or on personal or medical leave? _____

Identity Theft Expenses/Loss Incurred

Service Provider	Phone Number & Address	Services Provided	Date of Service	Amount Claimed

Please Attach bills of sale, receipts, proof of lost wages for any amount claimed above.

AUTHORIZATION

I authorize any insurance company, bank, financial institution, accountant or any other person who may have knowledge regarding this claim to release any information requested regarding this claim and the loss reported. I understand this information will be used by the Chubb Group of Insurance Companies, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original. I agree that this authorization shall be valid for the duration of this claim.

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

Signed (Insured or authorized person) _____ Date ____/____/____

CERTIFICATION OF NO OTHER INSURANCE

I, _____ hereby certify that I had no homeowner, creditor or any other insurance covering this loss.

Signed (Insured or authorized person) _____

Dated ____/____/____

Sworn and subscribed before me on this ____ day of _____, _____.

_____(Seal)

Notary Public

IMPORTANT NOTICE

<p>IMPORTANT NOTICE : Notice to Alaska Claimants: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.</p>	<p>Notice to Minnesota Claimants: A person who submits an application or files a claim with intent to defraud or helps commits a fraud against an insurer is guilty of a crime.</p>
<p>Notice to Arizona Claimants: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.</p>	<p>Notice to New Hampshire Claimants: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.</p>
<p>Notice to Arkansas Claimants: 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.</p>	<p>Notice to New Jersey Claimants: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.</p>
<p>Notice to California Claimants: 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.</p>	<p>Notice to New Mexico Claimants: 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.</p>
<p>Notice to Colorado Claimants: 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.</p>	<p>Notice to New York Claimants: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p>
<p>Notice to Delaware Claimants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.</p>	<p>Notice to Ohio Claimants: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p>
<p>Notice to District of Columbia Claimants: 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.</p>	<p>Notice to Oklahoma Claimants: 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.</p>
<p>Notice to Florida Claimants: 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.</p>	<p>Notice to Oregon Claimants: Any person who, knowingly and with intent to defraud an insurance company or other person, submits an application or files a claim for insurance that contains any materially false information relating to an insurance company's acceptance of risk, or conceals for the purpose of misleading, information concerning any fact material to an insurance company's acceptance of risk, may be guilty of a fraudulent act, which is a crime.</p>
<p>Notice to Idaho Claimants: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.</p>	<p>Notice to Pennsylvania Claimants: 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.</p>
<p>Notice to Indiana Claimants: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.</p>	<p>Notice to Rhode Island Claimants: 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.</p>
<p>Notice to Kentucky Claimants: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.</p>	<p>Notice to Virginia Claimants: 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.</p>
<p>Notice to Maine Claimants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.</p>	<p>Notice to Claimants in all other states: Any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.</p>
<p>Notice to Maryland Claimants: 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.</p>	