CLAIM FORM

Name: _____ Claim # or Policy#: _____

Date of Loss: _____ / _____ / _____

1. ADDRESS

Primary Address

Primary Address continued

City: State: Zip Code:

2. AFFIRMATION (required): By signing below, I certify under penalty of perjury that I am the person who made the insurance claim identified above or I am the legally authorized personal representative, guardian or trustee of the person who made the insurance claim identified above, that, to the best of my knowledge, the information on this Claim Form is true and correct and, to the best of my knowledge, I believe I was not paid in full for Sales Tax or Title, Transfer, and Service Fees.

Signature: _____ Dated: _____

Name (please print): _____

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