

American Bankers Insurance Company of Florida

P.O. Box 977122, Miami, FL 33197-7122 • 1.877.459.5590 • Fax 305.252.6910
Attn: DFS Claims Department

POWER SURGE/LIGHTNING PROOF OF LOSS FORM

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

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 Section A.
- ☐ 2. Attach copy of sales ticket(s) for each item(s) claimed.
- ☐ 3. Have qualified repairer for each item being claimed complete Section B.
- ☐ 4. Attach a copy of repair estimate.
- ☐ 5. Attach a copy of utility bill which includes date of loss.

Fax completed form and all supporting documentation to 305.252.6910 or mail 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.**

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.

CA residents Only: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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 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.

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Attn: DFS Claims Department

POWER SURGE/LIGHTNING PROOF OF LOSS FORM

A. CLAIMANT'S STATEMENT						PLEASE PRINT
FULL NAME OF CLAIMANT (LAST, FIRST, MIDDLE INITIAL-NAME USED ON POLICY)					TELEPHONE NUMBER ()	
CLAIMANT'S STREET ADDRESS/APT #		CITY	STATE	ZIP CODE	CLAIMANT'S EMAIL ADDRESS (IF AVAILABLE)	
BY WHOM IS POWER FURNISHED (NAME OF UTILITY COMPANY)			Attach a copy of utility bill which includes date of loss			
UTILITY ACCOUNT NUMBER		POLICY NUMBER	POLICY EFFECTIVE DATE / /		POLICY EXPIRATION DATE / /	
DATE OF LOSS / /	TIME OF DAY LOSS OCCURRED a.m. p.m.		HOW DID LOSS OCCUR (GIVE DETAILS)			
WAS THERE ANY DAMAGE TO OR WITHIN A NEIGHBOR'S HOME (IF YES, EXPLAIN) <input type="checkbox"/> Yes <input type="checkbox"/> No						
NAME OF WITNESS		STREET ADDRESS	CITY	STATE	ZIP CODE TELEPHONE NUMBER ()	
NAME OF WITNESS		STREET ADDRESS	CITY	STATE	ZIP CODE TELEPHONE NUMBER ()	
LIST DAMAGED ITEMS (ATTACH A SEPARATE LIST IF ADDITIONAL SPACE IS NEEDED)						
ITEM	BRAND NAME/ MAKE/MODEL#	PURCHASE DATE	ORIGINAL PRICE	ESTIMATED REPLACEMENT/ REPAIR/COST	IS ITEM COVERED BY WARRANTY OR EXTENDED SERVICE AGREEMENT	
1.		/ /	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of company.	
2.		/ /	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of company.	
3.		/ /	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of company.	
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 other Fraud Statements see page 2.						
CLAIMANT'S SIGNATURE X			SOCIAL SECURITY NUMBER - -		DATE / /	
Note: Save and preserve all damaged parts for Company inspection.						

B. REPAIRMAN'S STATEMENT (To be completed by qualified repairer only) ITEM 1 PLEASE PRINT

NAME OF REPAIR SHOP					
STREET ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
ITEM	LOSS WAS CAUSED BY (CHECK ONE) <input type="checkbox"/> Power Surge <input type="checkbox"/> Lightning <input type="checkbox"/> Other _____				
WAS THERE ANY ARCING OR BURNING <input type="checkbox"/> A. In the service entrance and distribution equipment in the home <input type="checkbox"/> B. In the antenna <input type="checkbox"/> C. In the television or air conditioning units					
PLEASE DESCRIBE WHAT PHYSICAL EVIDENCE YOU OBSERVED TO LEAD YOU TO THE CONCLUSION OF THE CAUSE OF THE LOSS					
WAS LOSS DUE TO FAULTY EQUIPMENT <input type="checkbox"/> Yes <input type="checkbox"/> No			SALVAGE VALUE OF DAMAGED PROPERTY \$		
Attach a copy of repair estimate describing the cause of the damage					
NAME OF REPAIRER (PLEASE PRINT)		REPAIRER SIGNATURE X		LICENSE NUMBER	DATE / /

B. REPAIRMAN'S STATEMENT (To be completed by qualified repairer only) ITEM 2 PLEASE PRINT

NAME OF REPAIR SHOP					
STREET ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
ITEM	LOSS WAS CAUSED BY (CHECK ONE) <input type="checkbox"/> Power Surge <input type="checkbox"/> Lightning <input type="checkbox"/> Other _____				
WAS THERE ANY ARCING OR BURNING <input type="checkbox"/> A. In the service entrance and distribution equipment in the home <input type="checkbox"/> B. In the antenna <input type="checkbox"/> C. In the television or air conditioning units					
PLEASE DESCRIBE WHAT PHYSICAL EVIDENCE YOU OBSERVED TO LEAD YOU TO THE CONCLUSION OF THE CAUSE OF THE LOSS					
WAS LOSS DUE TO FAULTY EQUIPMENT <input type="checkbox"/> Yes <input type="checkbox"/> No			SALVAGE VALUE OF DAMAGED PROPERTY \$		
Attach a copy of repair estimate describing the cause of the damage					
NAME OF REPAIRER (PLEASE PRINT)		REPAIRER SIGNATURE X		LICENSE NUMBER	DATE / /

B. REPAIRMAN'S STATEMENT (To be completed by qualified repairer only) ITEM 3 PLEASE PRINT

NAME OF REPAIR SHOP					
STREET ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
ITEM	LOSS WAS CAUSED BY (CHECK ONE) <input type="checkbox"/> Power Surge <input type="checkbox"/> Lightning <input type="checkbox"/> Other _____				
WAS THERE ANY ARCING OR BURNING <input type="checkbox"/> A. In the service entrance and distribution equipment in the home <input type="checkbox"/> B. In the antenna <input type="checkbox"/> C. In the television or air conditioning units					
PLEASE DESCRIBE WHAT PHYSICAL EVIDENCE YOU OBSERVED TO LEAD YOU TO THE CONCLUSION OF THE CAUSE OF THE LOSS					
WAS LOSS DUE TO FAULTY EQUIPMENT <input type="checkbox"/> Yes <input type="checkbox"/> No			SALVAGE VALUE OF DAMAGED PROPERTY \$		
Attach a copy of repair estimate describing the cause of the damage					
NAME OF REPAIRER (PLEASE PRINT)		REPAIRER SIGNATURE X		LICENSE NUMBER	DATE / /