

**Property and/or Auto VSI
Combined Loss Notice and Adjusters Certification**

Claims Service Center
P.O. Box 45153 / Jacksonville, FL 32232-5153
Toll Free 1.800.888.2738, Extension 8303
Fax: 1.904.350.1599
Email: claims@fortegra.com

Policy Type:

- PPV CPP / LPD
 PPC HHC
 VSI

- LYNDON SOUTHERN INSURANCE COMPANY
 INSURANCE COMPANY OF THE SOUTH
 RESPONSE INDEMNITY COMPANY
 BLUE RIDGE INDEMNITY COMPANY

This form must be completed in full by the Creditor

Please complete entire claim form, including Section A or B located on the 3rd page. The following documents must be attached to this claim form when filing a claim: Copy of certificate/policy and list of all secured collateral, Payoff as of date of loss, Fire and/or Police report, Sales contract for each item claimed, Payment history, Account Notes, Salvage bids, Repair estimates, Copy of title and Color photos of damage. Color photos must be identified with customer name and loan number and should be mailed to the address above or emailed to claims@fortegra.com.

BRANCH OFFICE INFORMATION

CUSTOMER INFORMATION

Agency Number _____	Certificate / Policy Number _____
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone Number _____	Birthdate _____
Loan Number _____	Phone Number _____
Email Address _____	Social Security Number _____
	Email Address _____

COVERAGE: Single Interest Dual Interest Auto Repo-Date _____
 *Rental Expenses *Additional Living Expense

Please include a copy of the Payment History and Payoff Screen Page if Single Interest Policy. *Please complete the first page only and attach proof in the form of receipts indicating the loss expense was related to the loss of covered item(s).

Effective Date _____ Expiration Date _____
Amount of Insurance _____ Premium _____ Balance _____
Date of Loss _____ Degree of Loss: _____ Total _____ Partial (Must list items)
Description of Loss _____ If Total Loss, provide payoff as of date of Loss \$ _____
If Partial Loss, provide payoff as of date of loss \$ _____. If Total Loss, provide payoff as of date of loss \$ _____.

The said loss did not originate by any act, design or procurement on the part of your insured, 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 said company, as to the extent of the 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. The furnishing of this form or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights. Where applicable, the Insured hereby subrogates the said Company to all rights and remedies of the Insured with respect to said loss and will assign said instrument to the Company. The Insured has no other similar instrument or indemnity applicable to this loss. In the event the Borrower offers any payment to the Insured, or if the location of the Borrower or collateral is not known but becomes known, the Insured will immediately notify the Company in writing. The Insured agrees to refrain from accepting or making any partial or full settlement with the Borrower without authorization from the Company.

I HEREBY CERTIFY THAT THE LOSS HAS BEEN CAREFULLY INVESTIGATED, THAT IT OCCURRED AS STATED AND, IN MY OPINION, IS IN ORDER FOR PAYMENT. I ALSO CERTIFY THAT I HAVE READ AND UNDERSTAND THE ATTACHED FRAUD WARNING STATEMENT.

Agent or Adjuster _____ Date _____

Please complete Section A or B depending on how the loan was calculated:

If the loan is calculated on the total of payments, including interest.

Section A – As of the date of loss, please provide the following information:

1. From the loan agreement, provide the total original loan amount that equals the total of payments. \$ _____
2. Less payments on loan. \$ _____
3. Less all unearned insurance premium and unearned interest \$ _____
4. Net Balance (line 1 minus line 2 & line 3) equals the payoff amount. \$ _____
5. Less salvage (if no salvage bids, please attach explanation). \$ _____
6. Was loan delinquent ? Yes No
If yes, number of delinquent payments _____ and past due amount. \$ _____

If the loan is calculated on the amount financed only.

Section B – As of the date of loss, please provide the following information:

1. From the loan agreement, provide the total amount financed \$ _____
2. Less principal payments on loan. \$ _____
3. Less all unearned insurance premium \$ _____
4. Plus any accrued interest (daily per diem \$ _____ or % _____). \$ _____
5. Net Balance (line 1 minus line 2 & line 3 plus line 4) \$ _____
6. Less salvage (if no salvage bids, please attach explanation). \$ _____
7. Was loan delinquent ? Yes No
If yes, number of delinquent payments _____ and past due amount. \$ _____

NOTE: Delinquent payments and past due amounts will be verified by the insurance company based on the policy provisions. The amount due could be adjusted based on the amount allowed within those provisions.

STATE SPECIFIC FRAUD WARNINGS

Alaska Residents: 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 this title.

Arizona Residents: 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.

Arkansas and New Mexico Residents: 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.

California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents: 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.

Delaware and Idaho Residents: Any person who knowingly and with intent to injure, defraud, or deceive an insurer files a statement of a claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia and Washington DC Residents: 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.

Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii Residents: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Indiana Residents: 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.

Kentucky Residents: 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.

Louisiana and Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

Tennessee and Virginia Residents: 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 a denial of insurance benefits.

Maine Residents: 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.

Minnesota Residents: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire Residents: 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 R.S.A. §638:20.

New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York Residents: 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 violation.

Ohio Residents: Any person who, with 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.

Oklahoma Residents: 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.

Oregon Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or application containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact may be guilty of an insurance fraud, which is a crime, and may be subject to prosecution.

Pennsylvania Residents: 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.

Texas, West Virginia and Alabama Residents: 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, or any combination thereof.

All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit may be guilty of a crime and may be subject to fines and confinement in prison.