

American Bankers Insurance Company of Florida
Voyager Life Insurance Company
Voyager Property & Casualty Insurance Company
Voyager Indemnity Insurance Company

CENTRAL PROCESSING SERVICES

PROPERTY INSURANCE RETAIL & CONSUMER LOAN PROOF & NOTICE OF LOSS

PLEASE NOTE: THIS CLAIM CANNOT BE PROCESSED UNLESS ALL SECTIONS ARE COMPLETE AND THE FOLLOWING INFORMATION IS SUBMITTED.

- A. HAVE BRANCH OFFICE INFORMATION SECTION COMPLETED BY YOUR CREDITOR OR BY THE FINANCIAL INSTITUTION WHERE THE COVERAGE WAS PURCHASED
- B. ATTACH A COPY OF CERTIFICATE OF INSURANCE (Consumer Loan and Retail Business)
- C. ATTACH A COPY OF THE SECURITY LISTING (Consumer Loan and Retail Business)
- D. ATTACH A COPY OF SALES CONTRACT FOR EACH ITEM CLAIMED (Retail Business)
- E. ATTACH A COPY OF INCIDENT REPORT (Fire and/or Police Department Report or other document verifying loss)
IF LOSS IS DUE TO BURGLARY, MAKE SURE POLICE REPORT INDICATES HOW ENTRY WAS GAINED.
- F. ATTACH A COPY OF REPAIR BILL OR ESTIMATE FOR DAMAGED ITEMS.
IF REPAIRS HAVE BEEN PAID FOR. PLEASE SUBMIT A COPY OF BILLING SHOWING AMOUNT PAID.
- G. Be sure to include your Agency Account Number (Item 2 below).

BRANCH OFFICE INFORMATION				CUSTOMER INFORMATION			
1 NAME				6 NAME			
2 AGENCY ACCOUNT NO. - BRANCH NUMBER				7 CUSTOMER ACCOUNT NUMBER			
3 STREET ADDRESS		CITY	STATE	ZIP CODE	8 STREET ADDRESS/APT #		CITY STATE ZIP CODE
4 BRANCH MANAGER				9 HOME PHONE () ()		BUSINESS NUMBER () ()	
5 BRANCH PHONE () ()		FAX NUMBER () ()		10 CUSTOMER INTERNET ADDRESS (IF AVAILABLE)			
11 TYPE OF BUSINESS <input type="checkbox"/> Consumer Loan <input type="checkbox"/> Retail		12 CERTIFICATE/POLICY/MEMORANDUM NUMBER		13 EFFECTIVE DATE / /		14 EXPIRATION DATE / /	
15 AMOUNT OF INSURANCE \$		16 PREMIUM \$		<input type="checkbox"/> Dual Interest <input type="checkbox"/> Single Interest		17 NET INSURED BALANCE AT TIME OF LOSS \$	
18 WAS THIS LOAN REFINANCED <input type="checkbox"/> Yes <input type="checkbox"/> No		19 PREVIOUS LOAN NUMBER		20 PREVIOUS POLICY/CERTIFICATE NUMBER			
21 TYPE OF LOSS				22 DATE OF LOSS / /		23 DEGREE OF LOSS <input type="checkbox"/> Total <input type="checkbox"/> Partial	
ITEMS CLAIMED MUST BE LISTED BELOW							
ARTICLE		PURCHASE DATE		PURCHASE PRICE		REPAIR COST (if repairable)	
		/ /		\$		\$	
		/ /		\$		\$	
		/ /		\$		\$	
IF ADDITIONAL SPACE IS NEEDED. PLEASE ATTACH A SEPARATE SHEET OR USE A SECOND CLAIM FORM.				TOTAL AMOUNT BEING CLAIMED \$			
<p>The furnishing of this form or the preparation of proofs by a representative of the insurance company issuing my policy is not a waiver of any of its rights. The said loss did not originate by any act, design or procurement on the part of your the insurance company issuing my policy, 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 insurance company issuing my policy, as to the extent of 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.</p>							
<p>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 reverse side of this form.</p>							
INSURED'S NAME (PLEASE PRINT)		INSURED'S SIGNATURE X		SOCIAL SECURITY NUMBER - -		DATE / /	
NAME OF CREDITOR REPRESENTATIVE (PLEASE PRINT)		SIGNATURE OF CREDITOR REPRESENTATIVE X				DATE / /	
INSURANCE COMPANY USE ONLY							
ASSIGNED TO			ADJUSTER			DATE / /	
STREET ADDRESS			CITY	STATE	ZIP CODE	PHONE NUMBER () ()	