



**AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
AMERICAN NATIONAL LLOYDS INSURANCE COMPANY
ADMINISTERED BY AMERICAN NATIONAL INSURANCE COMPANY
CREDIT INSURANCE CLAIMS DEPARTMENT
P.O. BOX 4328, SPRINGFIELD, MO 65808-4328**

**PHONE NUMBER: 800-899-6502 FAX NUMBER: 409-766-2912
E-MAIL: CIDCLAIMSDEPT@AMERICANNATIONAL.COM**

COMBINED LOSS NOTICE AND ADJUSTER'S CERTIFICATION

TO AVOID DELAY IN PROCESSING, PLEASE: **1.)** Complete Property Claim Loss Statement below. **2.)** Attach a copy of the **Insurance Certificate**. **3.)** Attach a copy of the **sales ticket(s) showing purchase of each item claimed and repair bill or estimate for damaged items**. **4.)** Attach a copy of the **Police/Fire Department Report, newspaper clipping, or other document** verifying incident causing loss. **5.)** Attach a photograph of the damaged property, if available. **6.)** Attach a copy of the **payment history or ledger card**. **7.)** Return this **Claim Form** and **all attachments** to the above address. FAXES and e-mails are accepted; however, originals may be required at any time.

EFFECTIVE DATE	TERMINATION DATE	LOAN NUMBER
INITIAL AMOUNT OF INSURANCE	PREMIUM CHARGED	REMAINING BALANCE
FINANCE COMPANY	ADDRESS (CITY, STATE, ZIP)	PHONE NUMBER

Name of Insured: _____

Address: _____

City, State, ZIP: _____

Home Phone: _____ Work Phone: _____ E-mail Address: _____

Date of Loss: _____ Cause of Loss: _____

Degree of Loss: Partial Total Rental Reimbursement: _____

If item(s) are not repairable, I elect to have: the item(s) replaced OR my account credited

LIST BELOW THE ITEMS BEING CLAIMED

ARTICLE	DATE OF PURCHASE	PURCHASE PRICE	REPAIR COST (IF REPAIRABLE)	COST TO REPLACE

(If additional space is needed, use reverse side of this form)

PLUS TAX AT _____% \$ _____
TOTAL AMOUNT BEING CLAIMED: \$ _____

The subject loss did not originate by any act, design, or procurement on the part of the insured debtor, the witness, or the creditor representative. Nothing has been done by or with the knowledge or consent of the insured debtor, the witness, or the creditor representative to violate the conditions of the policy or render it void. All articles mentioned above and/or on the back of this claim form were destroyed or damaged at the time of loss. The property saved has in no way been concealed, and there has been no attempt to deceive the Company as to the extent of this loss. Any other information that may be required will be furnished and considered a part of this claim.

I hereby certify that the loss has been carefully investigated, that it occurred as stated, and in my opinion, it is in order for payment.

SIGNATURE OF AGENT OR ADJUSTER

DATE

WITNESS

DATE

INSURED'S SIGNATURE

**PLEASE ATTACH PROOF OF LOSS DOCUMENTS
LIST BELOW THE ITEMS BEING CLAIMED**

ARTICLE	DATE OF PURCHASE	PURCHASE PRICE	REPAIR COST (IF REPAIRABLE)	COST TO REPLACE



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PART 1: CONSENT FOR COMMUNICATION

Pursuant to the Gramm-Leach-Bliley Act, American National must adhere to certain guidelines in handling claims/benefit requests. Please read below and sign that you understand and give consent for the following:

I, _____, (Your Name) understand that I have filed a claim for benefits with American National.

I hereby authorize my creditor, _____ (Creditor's Name), to speak with American National Insurance Company regarding my loan account;

The consent for communication shall remain valid through the life of the claim.

 Please sign your name

 Date

PART 2: CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize American National to disclose to _____ (Name of person to whom disclosure can be made), relationship _____ (spouse, parent, child, etc.), the following information, including, but not limited to:

- Claim status
- The receipt of my claim forms and claim documents
- Subsequent payments on my claim

I understand the consent for the release of confidential information will remain in effect for a maximum of twelve (12) months from the date of signature below, at which time a new consent must be completed. I also understand that I may revoke the consent for the release of confidential information, in writing, at any time except to the extent that action has already been taken in reliance upon it.

 Please sign your name

 Date

FRAUD WARNINGS/STATEMENTS

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska - 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.

Arizona - Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, West Virginia - 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.

California - **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.**

Colorado - 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.

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

Florida - 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.

Idaho - Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana - 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 - 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.

Maryland - 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.

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

New Hampshire - 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.

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

New Mexico - 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.

New York - 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.

Ohio - 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.

Oregon - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Oklahoma - "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."

Pennsylvania - 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 - 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.

Tennessee, Maine, Virginia, Washington - 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.