

SDBIC
25 South Grove Avenue
Elgin, IL 60120
224.227.6181 (O)
630.883.8773 (F)
www.sdbic.com
contactus@sdbic.com

Claims Form



Instructions

Please complete this form in its entirety and submit it by email or fax to SDBIC. If you have questions, please contact SDBIC at 224.227.6181.

A. Contact Details

1. Insured Name:

Mailing Address:	City:	State:	Zip:
Home Phone #:	Fax#:		
Cell Phone #:	Email:		

2. Financial Institution/Facility Name:

Address:	City:	State:	Zip:
Contact Person:			

3. Policy Number:

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4. Box Number:

B. Loss Details

5. Please provide a brief description of the loss.

6. Has the facility confirmed that your box has been damaged or breeched?
Yes No

7. Have the police been advised? (If yes, please provide details and a copy of the report, if any.)

8. Have you accessed the box?

If yes, has any property been removed?

9. Date of the loss. (approximate if not known)

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10. Is this claim in respect to a loss or damage?
Loss Damage

11. Value of items lost or damaged; (If actual is not known, please provide an estimate)

12. If items are damaged, are they available for inspection?
Yes No

13. Were any important papers or personal memorabilia damaged?
Yes No

C. Other Information

14. Are there any other facts that you believe your insurer should be advised of in relation to this loss?

Declaration

I understand that you may seek further information in the consideration of the claim. The above information is to the best of my knowledge and belief, true and accurate.

Signature _____

Date _____

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Applicable in Arizona

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.

Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee, Virginia, and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another 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 subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN, and VA insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a 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.

Applicable in 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. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Applicable in Florida and Idaho

Any person who knowingly and with the 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.*

*In Florida – Third Degree Felony

Applicable in Hawaii

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.

Applicable in 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.

Applicable in Minnesota

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

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with 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.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is guilty of insurance fraud.

Applicable in 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.