

## PROPERTY POLICY FORM

## NOTICE OF LOSS

**WE ARE HERE TO SERVE!** Please take note of the following recommendations about what to do after a loss:

- Whenever possible, protect your property to avoid any additional damages.
- Keep record of the damages using photos and save any evidence of the loss. Our adjusters could ask for this information to evaluate the loss.
- Save any invoices, receipts and documents related to your claim. This information could be helpful to our adjusters.
- Not all policies have coverage for personal property. Please, refer to your Declaration Page to evaluate what type of coverage you might have.

**REMEMBER** all our policies are subject to deductibles, which will be deducted from the payment on your claim. Review your Declaration Page for details.

**COMPLETE** the required information according to the instructions below:

- To avoid any setbacks with your claim, review the forms to make sure you've included all documentation. Also make sure you've completed and signed the notice of loss.
- If it is possible, attach photos and estimates of the damages.
- We recommend that you save copies of all the documents submitted.

Under normal circumstances, the assigned adjuster will be contacting you within three business day or sooner to set up an inspection of the property.

**REPORT YOUR CLAIM!**

Send your claim via regular mail to:  
350 Carlos Chardón Ave.  
Torre Chardón Suite 1101  
San Juan, PR 00918



Send your claim via email to:  
[capic.dwelling@assurant.com](mailto:capic.dwelling@assurant.com)

**NEED HELP?**

Visit our website at [pr.assurantcustomerportal.com](http://pr.assurantcustomerportal.com).  
We're available Monday through Friday from 8:00 am to  
5:00pm. Call us toll free at 1-855-758-6256.



**WHO IS REPORTING THE CLAIM**

**THESE SECTIONS ARE REQUIRED TO EVALUATE YOUR CLAIM**

FULL NAME		
RELATIONSHIP WITH THE NAMED INSURED	SPECIFY	
<input type="checkbox"/> Insured <input type="checkbox"/> Agent/Realtor/Authorized Representative <input type="checkbox"/> Family Member		
MOBILE NUMBER	SECONDARY NUMBER	ALTERNATE NUMBER

**NAMED INSURED'S INFORMATION**

**THESE SECTIONS ARE REQUIRED TO EVALUATE YOUR CLAIM**

POLICY NUMBER	LOAN NUMBER	MORTGAGEE
NAMED INSURED'S FULL NAME		
PHYSICAL ADDRESS OF THE INSURED PROPERTY		
POSTAL ADDRESS		
MOBILE NUMBER	SECONDARY NUMBER	ALTERNATE NUMBER
DO YOU AUTHORIZE US TO SEND YOU EMAILS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL		
<p><small>WE AND OTHERS ACTING ON OUR BEHALF MAY USE THE INFORMATION WE GATHER TO OPERATE OUR PRODUCT AND OUR SERVICE. FOR EXAMPLE, WE MAY USE THE INFORMATION WE COLLECT OR RECEIVE TO TRY AND CONTACT YOU THROUGH EMAIL TO PROVIDE SUPPORT AND ASSISTANCE DURING THE CLAIM PROCESS, AS PERMITTED BY LAW.</small></p>		

TYPE OF LOSS		<input type="checkbox"/> FIRE, LIGHTNING <input type="checkbox"/> WINDSTORM, HAIL <input type="checkbox"/> THEFT <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> OTHER _____	
DATE OF LOSS		PHYSICAL ADDRESS OF THE INSURED PROPERTY (IF IT IS NOT THE SAME AS THE INSURED PROPERTY)	
_____ MONTH	_____ DAY	_____ YEAR	
WAS THE PROPERTY INHABITED DURING THE LOSS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU ANSWERED NO, SINCE WHEN?		_____ MONTH	_____ DAY
WAS THE PROPERTY BEING REMODELED DURING THE LOSS?		IF YOU ANSWERED YES, PLEASE INCLUDE THE CONTACT INFORMATION OF THE CONTRACTOR.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME		
	PHONE NUMBER		
DESCRIPTION OF LOSS AND DAMAGES			
<b>LIST THE DAMAGES (USE THE ADDITIONAL SPACE ON PAGE 6 IF NECESSARY)</b>			
1.	3.		
2.	4.		
WHAT AGENCIES WERE INFORMED OF THE LOSS?		<input type="checkbox"/> POLICE <input type="checkbox"/> FIREFIGHTERS <input type="checkbox"/> FEMA <input type="checkbox"/> OTHERS _____	
COMPLAINT NUMBER/REPORT		AGENCY ADDRESS	
NAME OF THE PERSON WHO TOOK THE COMPLAINT		ID/BADGE NUMBER	
WAS THIS LOSS COVERED BY ANY OTHER POLICY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU ANSWERED YES, INCLUDE THE COMPANIES' NAME AND THE POLICY NUMBER			
<b>WITNESS INFORMATION (USE THE ADDITIONAL SPACE ON PAGE 6 IF NECESSARY)</b>			
NAME		PHONE NUMBER	
1	-		
2	-		



**AUTHORIZATION**

Please certify that all the information provided here is correct and reliable.

I **AUTHORIZE** any 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 Caribbean American Life Assurance Company/Caribbean American Property or its authorized representative(s) as requested. 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 affective and valid as the original. I understand and acknowledge that this authorization extends to all or any part of the records being requested, which may include treatment for physical and mental illness, alcohol/drug abuse, and/or HIV/AIDS test results or diagnosis and treatment. I expressly consent to the release of information as designated above. This authorization shall remain valid for 6 months after the date of the signature.

**VERBAL INFORMATION DISCLOSURE**

It is important for us to safeguard the privacy of our customers and protect private and confidential information. We also understand that, on occasion, a claimant may want to authorize third parties to speak with Assurant on their behalf. Please complete this authorization section so others can discuss details of your claim. Without this authorization we cannot talk to anyone except the claimant.

I authorize Assurant to speak with \_\_\_\_\_, who is my \_\_\_\_\_, about my claim.

**RESPONSIBILITY FOR FRAUDELENT INFORMATION**

**ANY PERSON** who knowingly and with the intention to commit fraud provides false information in an insurance application, or submits, helps or causes the submission of a fraudulent insurance claim for the payment of a loss or any other benefit, or submits more than one claim for the same damage or loss, will incur in a felony and, upon conviction thereof, shall be punished, for each violation, with a fine not less than five thousand (\$5,000) dollars, nor greater than ten thousand (\$10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravating circumstances are present, the fixed penalty established could be increased up to a maximum of five (5) years; if attenuating circumstances are present, the penalty could be reduced to a minimum of two (2) years.

"I hereby certify that the above information is based on reasonable and that it is true and correct to the best of my knowledge and belief."

**INSURED'S SIGNATURE**

SIGNATURE

\_\_\_\_\_  
MONTH

\_\_\_\_\_  
DAY

\_\_\_\_\_  
YEAR

