

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

**NEED HELP?**

Visit our website at 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 <input type="checkbox"/> Insured <input type="checkbox"/> Agent/Realtor/Authorized Representative <input type="checkbox"/> Family Member	SPECIFY	
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		
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.		

TYPE OF LOSS		<input type="checkbox"/> FIRE, LIGHTNING <input type="checkbox"/> WINDSTORM, HAIL <input type="checkbox"/> THEFT <input type="checkbox"/> VANDALISM <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 YEAR				
WAS THE PROPERTY BEING REMODELED DURING THE LOSS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ANSWERED YES, PLEASE INCLUDE THE CONTACT INFORMATION OF THE CONTRACTOR.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">NAME</td> <td style="width: 50%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">PHONE NUMBER</td> <td></td> </tr> </table>	NAME		PHONE NUMBER	
NAME							
PHONE NUMBER							
DESCRIPTION OF LOSS AND DAMAGES							
LIST THE DAMAGES (USE THE ADDITIONAL SPACE ON PAGE 6 IF NECESSARY)							
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							
WITNESS INFORMATION (USE THE ADDITIONAL SPACE ON PAGE 6 IF NECESSARY)							
NAME		PHONE NUMBER					
1	-						
2	-						

CLAIM FOR DAMAGES TO PERSONAL PROPERTY

PLEASE COMPLETE THIS FORM IF YOU HAVE A PERSONAL PROPERTY LOSS. PLEASE, REFER TO THE DECLARATION PAGE FOR COVERAGE INFORMATION.

TYPE OF LOSS FIRE, LIGHTNING WINDSTORM, HAIL THEFT VANDALISM OTHERS _____

WHERE WAS THE LOSS? (IF IT IS NOT THE SAME AS THE INSURED LOCATION)

ARE YOU THE OWNER OF THE PROPERTY? YES NO

IF NO, PLEASE NAME THE OWNER _____

WAS THE PROPERTY INHABITED DURING THE OCCURRENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ANSWERED YES, SINCE WHEN?	_____	_____	_____
			MONTH	DAY	YEAR

WAS THE PROPERTY BEING REMODELED DURING THE LOSS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ANSWERED YES, PLEASE INCLUDE THE CONTACT INFORMATION OF THE CONTRACTOR.	NAME	
			PHONE NUMBER	

DESCRIPTION OF LOSS AND DAMAGES

HAVE YOU EVER SUFFERED A LOSS OF THIS NATURE BEFORE? YES NO

IF THE ANSWERED IS YES, PLEASE INCLUDE DETAILS SUCH AS; DATE, CAUSE, DAMAGES AND THE INFORMATION OF THE INSURANCE COMPANY THAT HANDLED THE CLAIM, IF IT IS APPLICABLE.

LIST THE DAMAGES TO YOUR PERSONAL PROPERTY (USE THE ADDITIONAL SPACE ON PAGE 6 IF NECESSARY)

ITEM DESCRIPTION	DAMAGES DETAIL	DATE OF PURCHASE	AMOUNT PAID	ESTIMATED DAMAGES
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

ATTACH ANY INVOICES, RECEIPTS AND RELATED DOCUMENTS REGARDING YOUR CLAIM.

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

ADDITIONAL SPACE

ITEM DESCRIPTION	DAMAGES DETAIL	DATE OF PURCHASE	AMOUNT PAID	ESTIMATED DAMAGES
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

ADDITIONAL COMMENTS
