

Instructions for filling out claim forms:

These forms are **FILLABLE PDF DOCUMENTS**.

1. Click a field and enter the information requested
2. Click the “Tab” button to advance to the next field and enter the information requested

You CANNOT save these forms with Adobe Reader, so fill them out entirely and **PRINT** 2 copies.

Keep one copy for your records and submit the other copy to our company with your supplemental documentation, if applicable.



**Student Insurance Partners, LLC.**  
 1401 S. Western Rd. Stillwater, OK 74074  
 Toll free: 800-620-3307  
 Fax: 405.708.5240  
 E-mail: [claims@studentinsurancepartners.com](mailto:claims@studentinsurancepartners.com)

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**GENERAL INFORMATION FORM**

PLEASE REFER TO THE DECLARATIONS OF YOUR POLICY. COVERAGE IS NOT AFFORDED WHERE ANY INSURED HAS KNOWINGLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS INSURANCE.

1. POLICY NUMBER: \_\_\_\_\_
2. NAME: \_\_\_\_\_
3. ADDRESS: \_\_\_\_\_
4. HOME PHONE: \_\_\_\_\_
5. WHAT SCHOOL DO YOU ATTEND: \_\_\_\_\_
6. IS THERE ANY OTHER INSURANCE WHICH MAY COVER THIS INCIDENT?  
 (YES or NO) \_\_\_\_\_ IF YES, SPECIFY: \_\_\_\_\_
7. DATE OF INCIDENT: \_\_\_/\_\_\_/\_\_\_\_\_
8. TIME DISCOVERED: \_\_\_\_\_ (Please specify A.M or P.M.)
9. DISCOVERED BY: \_\_\_\_\_
10. LOCATION OF INCIDENT: \_\_\_\_\_
11. DID YOU NOTIFY THE POLICE? (YES or NO) \_\_\_\_\_  
 (a.) Department and Location: \_\_\_\_\_  
 (b.) Investigating Officer and Case Number: \_\_\_\_\_  
 (c.) Local Police Department or Campus Security Phone Number: \_\_\_\_\_
12. DAMAGE TO PREMISES/OR PERSONAL PROPERTY: (YES or NO) \_\_\_\_\_  
 IF YES, DESCRIBE DAMAGES: \_\_\_\_\_  
 \_\_\_\_\_
13. IF DAMAGED BY ANYONE OTHER THAN THE PERSON INSURED:  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_
14. BRIEFLY DESCRIBE IN DETAIL THE CIRCUMSTANCES OF YOUR INCIDENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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Re: Student Name: \_\_\_\_\_

Student Policy Number: \_\_\_\_\_

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

*(You will be emailed when we are in receipt of your forms PLEASE ALLOW 3-4 BUSINESS DAYS TO RECEIVE EMAIL)*

**Please specify where and who to remit payment:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Dear Student:

Enclosed is your **Student Insurance Partners** claim kit which includes a General Information form, Property Inventory form, and Sworn Statement. Please fill the forms out in their entirety and return along with a **hard copy of either the Campus Security or Police Report.**

Please include at least **one** of the following: **receipts, owner's manuals, invoices, or a picture of you with the item to prove possession.**

If this incident includes a computer and you do not have a receipt demonstrating the unit's specifications, you must fill out in its entirety the "Computer Check List" attached.

Our Claims Department can be reached at **1-800-620-3307** should you have any additional questions or concerns.

Sincerely,  
Student Property Claims Department on behalf of Hanover Insurance Company



# SWORN STATEMENT

(Must be filled out in its entirety)

State \_\_\_\_\_

County \_\_\_\_\_

I, \_\_\_\_\_ affirm that:

1. I am a policy holder under policy number \_\_\_\_\_

2. My current address is \_\_\_\_\_

3. My permanent address is \_\_\_\_\_

4. Date of Incident: \_\_\_/\_\_\_/\_\_\_ Location of Incident: \_\_\_\_\_

Description of Incident: (What happened?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Police Department that was notified: \_\_\_\_\_

Date of police report: \_\_\_\_\_

Who filed the report: \_\_\_\_\_

6. Do you have secondary property insurance? (YES or NO) \_\_\_\_\_ If no proceed to question 7

Name of insurance company providing this insurance \_\_\_\_\_

Have they been notified of the incident? (YES or NO) \_\_\_\_\_

Payment received from secondary insurance? \$ \_\_\_\_\_

7. Student Insurance Partners may require from the policy holder an assignment of all rights of recovery against any party for loss to the extent that payment therefore is made by this company.

**We must advise you that any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.**

**By signing, I agree that the above statement is true and correct to the best of my knowledge and cannot be changed once submitted to the company.**

Claimant (person filling out forms) \_\_\_\_\_

Print name

\_\_\_\_\_

Sign name

Address \_\_\_\_\_

\_\_\_\_\_





# Computer Checklist

For computer/laptop claims only. Please disregard if not claiming a computer/laptop!

Please check the following that apply to your computer or laptop, if not-applicable please put N/A:

Name brand (Acer, Dell, Apple, etc.):
Model No:
CPU Type (Intel Pentium, Celeron, AMD):
Speed (GHz):
Hard Drive Size (GB):
RAM (GB):
Modem:
Software (OS):
Monitor/Screen Size:
CD-Rom:
DVD:
Any Other Software?: If purchased separately, proof of ownership is required.
Name
Policy #

PLEASE COMPLETE THE FORM IN ITS ENTIRETY