

**Student Insurance Group, LLC.**

P.O. Box 2107 Stillwater, OK 74076

Toll free: 800-620-2885

Fax: 405.372.9584

E-mail: [claim.support@studentinsurancegroup.com](mailto:claim.support@studentinsurancegroup.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: \_\_\_\_\_

PHONE: \_\_\_\_\_

4. WHAT COLLEGE DO YOU ATTEND: \_\_\_\_\_

5. IS THERE ANY OTHER INSURANCE WHICH MAY COVER THIS INCIDENT?

(YES / NO) Please circle one. IF YES, SPECIFY: \_\_\_\_\_

6. **DATE OF INCIDENT:** \_\_\_/\_\_\_/\_\_\_

7. TIME DISCOVERED: \_\_\_\_\_ A.M/P.M.

8. DISCOVERED BY: \_\_\_\_\_

9. LOCATION OF INCIDENT: \_\_\_\_\_

10. IF CLAIMING VANDALISM, FIRE, OR FLOOD, DID YOU NOTIFY THE POLICE?

(a.) Department and Location: \_\_\_\_\_

(b.) Investigating Officer and Case Number: \_\_\_\_\_

(c.) Local Police Department or Campus Security Phone Number: \_\_\_\_\_

11. DAMAGE TO PREMISES/OR PERSONAL PROPERTY: (YES / NO) Please circle one.

DESCRIBE DAMAGES: \_\_\_\_\_

12. IF DAMAGED BY ANYONE OTHER THAN THE PERSON INSURED:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

13. BRIEFLY DESCRIBE IN DETAIL THE CIRCUMSTANCES OF YOUR INCIDENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Claim Department: FAX # (405) 372-9584**

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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 remit payment to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Dear Student:

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

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

All **cell phone and/or computer** incidents require the receipt from the store the item was purchased from. The receipt will need to show whether or not you had a warranty for loss or damage.

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 **1-800-620-2885** should you have any additional questions or concerns.

Very truly yours,  
Student Property Claims Department



SWORN STATEMENT

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 (if applicable): \_\_\_\_\_  
 Date of police report (if applicable): \_\_\_\_\_  
 Who filed the report (if applicable): \_\_\_\_\_

6. Do you have secondary property insurance? (YES / NO) Please circle one. If no proceed to question 7  
 Name of insurance company providing this insurance \_\_\_\_\_  
 Have they been notified of the incident? (YES / NO) Please circle one.  
 Payment received from secondary insurance \$ \_\_\_\_\_

7. Student Insurance Group 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.  
 8. The above statement is true and correct to the best of my knowledge.

**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.**

Claimant \_\_\_\_\_  
Print name

\_\_\_\_\_  
Sign name

Address \_\_\_\_\_  
\_\_\_\_\_





## CLAIMS PROCESS – QUESTIONS AND ANSWERS

For questions concerning claims only, please call 1-800-620-2885.

### THEFT:

(1) Claim forms can be obtained by downloading them from this page, or upon request. Forms can be faxed or mailed. All forms must be filled out completely. Forms needed in order to process a theft are:

- [Main Forms](#)
  - The Date of Incident is very important when processing the claim. If forms are received without this date, payment will be delayed.
  - The Sworn Statement is a legal document stating all claim information is true to the best of your knowledge and MUST be included in order to process the claim.
- [Computer Check List](#) - This form is needed if a computer is involved.

(2) Students must obtain a report documenting the theft from either campus security or the local police department. If there is a charge for the report, the cost can be reimbursed by including a receipt with other paperwork. If students are told that the request for the theft report must be initiated by the Insurance Company, note that on the claim form. Include the phone number (with area code) of the law enforcement unit.

(3) For any one item valued over \$100.00, proof of ownership is required. This can be a sales receipt, a charge card statement or a picture of the owned item demonstrating actual possession of the item before the reported loss. If the original box is available, a copy of one side of the box or the original owner's manual will be accepted. Only one proof of ownership is needed. If none of these are available, a notarized statement from a parent stating that their student owned the item(s) in question at the time of the theft will be accepted as proof of ownership. If the theft involves a computer, the [Computer Check List](#) must be completed, unless the receipt specifically states the specifications of the computer.

### DAMAGED ITEMS:

(1) Claim forms can be obtained by downloading from this page, or upon request. Forms can be faxed or mailed. All forms must be filled out completely. Forms needed in order to process damaged items:

- [Main Forms](#)
  - The Date of Incident is important when processing the claim. If forms are received without this date, payment will be delayed.
  - The Sworn Statement is a legal document stating all claim information is true to the best of your knowledge and MUST be included to process the claim.
- [Computer Check List](#) - This form is needed if a computer is involved in your claim.
- [Electrician's Affidavit](#) – This form is needed if damages are caused by a power surge due to lightning. The technician will complete this form, indicating whether or not the item can be repaired. If repair is possible, the cost of repair should be included. This form must be filled out completely.

(2) All damaged electronics must be taken to a repair company to determine if the item is repairable. The technician must provide an Estimate of Repair. This estimate must be submitted along with the Main Forms and other paperwork.

(3) If the technician determines that the equipment is not repairable, this must be in writing. We do not accept quotes.\* If the repair company is not willing to put this in writing, our office may require that either a picture of the damaged item be submitted, or if the item is small enough, we may ask that it be mailed to our office. Shipping costs will be reimbursed.

(4) For damaged items, proof of ownership is established by securing an Estimate of Repair on the repair company's letterhead or invoice.

(5) **IMPORTANT!!! DO NOT DISPOSE OF ANY DAMAGED ITEMS UNTIL GIVEN PERMISSION FROM THE CLAIMS DEPARTMENT!!!** We reserve salvage rights to all damaged items that are replaced. Shipping costs will be reimbursed by the Claims Department.

\*The difference between an Estimate of Repair and a quote is that the Estimate gives a detailed breakdown of costs. A quote is an estimated total of overall costs.

# 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 (Pentium II, III, IV, Celeron, AMD):
Speed (MHz):
Hard Drive Size (GB):
RAM:
Modem:
Software (OS):
Monitor (Brand/Size):
CDRom:
DVD:
Any Other Software?:
Name
Policy #

PLEASE COMPLETE THE FORM IN ITS ENTIRETY