

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

Re: Student Name: _____
Student Policy Number: _____
Date of Loss: _____
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, FAQ and Proof of Loss and Sworn Statement. 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 this is in regards to a theft loss.**

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 computer** loss' 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 loss includes a computer and you do not have a receipt demonstrating the unit's specifications, you must download and fill out in its entirety the "Computer Check List" which you may find at <http://www.studentinsurancegroup.com/howto.php>.

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



333 West Pierce Road; Suite 300

Itasca, IL 60143

Phone / 630 - 773 - 4266

www.Hanover.com

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

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. IS THERE ANY OTHER INSURANCE WHICH MAY COVER THIS LOSS?
YES ___ NO ___, IF YES, SPECIFY: _____

5. **DATE OF INCIDENT:** _____

6. TIME DISCOVERED: _____

7. DISCOVERED BY: _____

8. IF CLAIMING THEFT OF OR VANDALISM TO, DID YOU NOTIFY THE POLICE?

(a.) Department and Location: _____

(b.) Investigating Officer and Case Number: _____

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

9. WHAT COLLEGE DO YOU ATTEND: _____

10. LOCATION OF LOSS: _____

11. DAMAGE TO PREMISES/OR PERSONAL PROPERTY: YES ___ NO ___

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 LOSS:

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



333 West Pierce Road; Suite 300
Itasca, IL 60143
Phone / 630 - 773 - 4266
www.Hanover.com

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 Loss** is very important when processing the claim. If forms are received without this date, payment will be delayed.
 - The Proof of Loss and 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 Loss** is important when processing the claim. If forms are received without this date, payment will be delayed.
 - The Proof of Loss and 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.

PROOF OF LOSS AND 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 Loss: _____ Location of Loss: _____

Description of Loss (What happened?) _____

5. Police Department that was notified _____

Date of police report _____

Who filed the report _____

6. Do you have secondary property insurance? Yes ___ No ___ *if no proceed to question 7.

Name of insurance company providing this insurance _____

Have they been notified of the loss? Yes ___ No ___

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 _____



333 West Pierce Road; Suite 300

Itasca, IL 60143

Phone / 630 - 773 - 4266

www.Hanover.com