

Claims Department

Claims No. _____

Comprehensive Claim Questionnaire

(Fire, Vandalism, Storm and Theft other than Total Theft)

This form must be completed, signed and returned to us before your claim can be processed

Insured's Name _____ Home Address _____
 City/State _____ ZIP Code _____ Telephone No. () _____
 Driver's License No. _____ SS No. _____
 Business Address _____ City/State _____
 Business Telephone No. () _____ Occupation _____
 Date of Loss _____ Time of Loss _____ AM PM

Vehicle Information

Year _____ Make/Model _____ Color _____ License Plate _____
 Serial No.: ()

- 01. Registered Owner _____
- 02. Lien Holder _____
 Address _____
 If no legal owner, do you have the title in your possession? _____
- 03. Was car locked? _____ Where are keys? _____ How many sets? _____
 Who else has keys? _____
- 04. Have you reported vandalism to the police? _____ What city? _____
 Date reported _____ Police Report Number _____
- 05. Do you have any idea who could have vandalized your car? _____
- 06. Any luggage or valuables in car? _____ Describe? _____
- 07. Where were valuables located? _____
- 08. Any special equipment? _____ Stereo _____ Make/Value _____ Serial No. _____
- 09. When purchased? _____ Where purchased? _____
- 10. Wheels _____ Make/Value _____ ID No. _____
- 11. When purchased? _____ Where purchased? _____
- 12. Tire/Make _____ Size _____ Value _____ When Purchased _____
- 13. Any photographs of vehicle? _____ Any prior damage? _____ Describe _____
- 14. When last serviced? _____ Any mechanical defects? _____ Describe _____
- 15. How did this loss occur? _____
- 16. Describe damages _____

The above statements are true to the best of my knowledge and belief.

Date _____ Signature _____