



**Student Insurance Partners, LLC.**

P.O. Box 2077 Stillwater, OK 74076

Toll free: 800-620-3307

Fax: 405.708.5240

E-mail: [claim.support@studentinsurancepartners.com](mailto:claim.support@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 / NO) Please circle one. IF YES, SPECIFY: \_\_\_\_\_
- 7. **DATE OF INCIDENT:** \_\_\_ / \_\_\_ / \_\_\_
- 8. TIME DISCOVERED: \_\_\_\_\_ (A.M/P.M.) Please circle one.
- 9. DISCOVERED BY: \_\_\_\_\_
- 10. LOCATION OF INCIDENT: \_\_\_\_\_
- 11. DAMAGE TO PREMISES/OR PERSONAL PROPERTY: (YES / NO) Please circle one.  
IF YES, 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) 708-5240 EMAIL: [claim.support@studentinsurancepartners.com](mailto:claim.support@studentinsurancepartners.com)**



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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, Sworn Statement. Please fill the forms out in their entirety and return along with an **estimate of repair for the damaged item**. Smaller items, such as **cell phones, iPod's, and point-and-shoot digital cameras** will need to be sent in with the claim forms.

All **cell phone** claims must include either a receipt of purchase for the new phone or an invoice reflecting proper replacement cost.

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

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. 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 incident? (YES / NO) Please circle one

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

6. 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.

7. 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 (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