

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

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. DAMAGE TO PREMISES/OR PERSONAL PROPERTY: (YES or NO) _____
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: _____

EMAIL: claims@studentinsurancepartners.com **Claim Department: FAX # (405) 708-5240**



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

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 THAT CANNOT BE REPAIRED, 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 OR by sending the irreparable item to our company. So, an original purchase receipt is not required.

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 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? \$ _____

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.

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