

# Retail Credit Property Claim Form

W.S. Badcock Corporation  
P.O. Box 497  
Mulberry, FL 33860  
Phone: (844) 556-9262 • Fax: (863) 869-7964

STORE CODE: \_\_\_\_\_

- Lyndon Southern Insurance Company
- Insurance Company of the South
- \_\_\_\_\_

**TO AVOID A DELAY IN PROCESSING, PLEASE: (1) Complete Section A and sign Authorization; (2) Attach a copy of the sales ticket(s) showing purchase of each item claimed and repair bill or estimate for damaged items; (3) Attach a copy of the Police/Fire Department Report; (4) Attach a photograph of the damaged property, if available; (5) Complete Property List Form on back; (6) Return this claim form and all required documentation to the retail store who will complete sections B and C and forward to insurance company.**

**If claim includes reimbursement for Rental or Additional Living Expense proof in the form of receipts must be attached**

The furnishing of this form or the preparation of proofs by the representative of the above insurance company is not a waiver of any of its rights.

## SECTION A

To Be Completed by Claimant/Account Holder	_____		_____		_____		____/____/____	
	Claimant/Account Holder Name		Account Number/Store Code		Ins. Code		Year-to-Date	
	_____				_____		_____	
	Address				City		State Zip	
	_____		_____		_____		____/____/____	
	Home Phone Number		Work Phone Number		Social Security Number		Date of Birth	
	_____		_____		_____		_____	
Cell Phone Number		Email Address			Balance as of Date of Loss			
<b>PROPERTY CLAIM LOSS STATEMENT:</b>				<b>DATE OF LOSS:</b> _____				
Type of Loss (Fire, Burglary, etc.)				Degree of Loss				
_____				<input type="checkbox"/> TOTAL		<input type="checkbox"/> PARTIAL		
Will the following expense be claimed?				<input type="checkbox"/> RENTAL EXPENSE*		<input type="checkbox"/> ADDITIONAL LIVING EXPENSE*		
*Proof in the form of receipts must be provided. Proof expenses were related to the loss of a covered item and loss must also be provided.								
How did loss occur? (Give details) _____								
_____								
_____								

By the signature(s) affixed below, the affiant(s) represent the said loss did not originate by any act, design or procurement on their part individually or collectively. I/We further represent: (1) nothing has been done by the affiant(s) to violate the conditions of the policy, or render it void; (2) no articles are mentioned herein or in annexed schedules other than those destroyed or damaged at the time of said loss; (3) no property saved has in any manner been concealed; or (4) no attempt, as to the extent of the said loss, has in any manner been made to deceive the company. Any other information that may be required will be furnished and considered a part of this proof.

**AUTHORIZATION:** I certify that the above information is true and correct. Upon presentation of the original or a photocopy of this signed authorization I AUTHORIZE any insurer, law enforcement agency, fire department, financial institution, or other organization or persons having any records, data, or information concerning this claim to furnish such records, data, or information to my credit insurance company named above, or its designee as requested. I understand that in executing this authorization, I waive the right for such information to be privileged. I understand that I may revoke this authorization at any time by notifying my credit insurance company in writing of my desire to do so. I understand that such information will be used by the insurance company for the purpose of evaluating my claim for insurance benefits and that I or any authorized representative will receive a copy of this authorization upon request. This authorization is valid for one year from the date signed.

I hereby certify that I have read and understand the attached Fraud Warning Statement.

Date: \_\_\_\_\_ Signature of Claimant/Account Holder: \_\_\_\_\_

## SECTION B

_____			
Name of Creditor			
_____		_____	
Street Address		City State Zip	
_____		_____	
Signature of Authorized Badcock Representative		Date Telephone	



## STATE SPECIFIC FRAUD WARNINGS

**Alaska Residents:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under this title.

**Arizona Residents:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas and New Mexico Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**California Residents:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware and Idaho Residents:** Any person who knowingly and with intent to injure, defraud, or deceive an insurer files a statement of a claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia and Washington DC Residents:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii Residents:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Indiana Residents:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana and Maryland Residents:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Tennessee and Virginia Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and a denial of insurance benefits.

**Maine Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Minnesota Residents:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire Residents:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in R.S.A. §638:20.

**New Jersey Residents:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Ohio Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Residents:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or application containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact may be guilty of an insurance fraud, which is a crime, and may be subject to prosecution.

**Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Texas, West Virginia and Alabama Residents:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison, or any combination thereof.

**All Other States:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit may be guilty of a crime and may be subject to fines and confinement in prison.

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