

# Corvias Group, LLC/Picerne Military Housing Resident Insurance Claim Form

## Claim Reporting Worksheet

*All information should be accurately recorded. Any false statements, knowingly reported, will void coverage and may violate laws pertaining to insurance fraud. All thefts must also be reported to police.*

Name of Installation or Base : \_\_\_\_\_

Resident Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Police or Fire Department to which reported: \_\_\_\_\_ Please attach copy of report

Police Report Number: \_\_\_\_\_

Description of Loss (i.e. theft, vandalism, water damage, liability slip and fall etc.). *Please be as specific as possible. Use additional pages as necessary to substantiate your claim, including time and place*

Medical Treatment Received Or Expected? Yes  No

If yes, describe: \_\_\_\_\_

Which Paramedics, If Any, Were Called? Yes  No  If yes, please attach copy.

### PLEASE ATTACH THE FOLLOWING ITEMS TO LOSS NOTICE FOR PERSONAL PROPERTY CLAIMS:

- 1) Inventory Sheet
- 2) Receipts (Or credit card statements showing damaged items)
- 3) Replacement Invoices / Estimates
- 4) Pictures will be required

**ALL DAMAGED PROPERTY SHOULD BE PROTECTED FROM FURTHER DAMAGE AND NOT DISPOSED OF UNTIL CLAIM IS RESOLVED.**

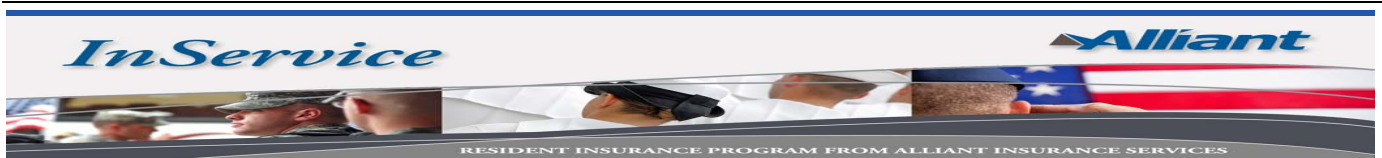
Signature of Claimant \_\_\_\_\_

Date \_\_\_\_\_

Send Claim Forms to :

9:00 am – 5:00 pm eastern : Stuart Jacobs – Cunningham Lindsey, 455 Maryland Ave Suite 140,  
Fort Washington PA 19034, Phone 215-793-9102 X-12, Fax 215-628-9899 Email: [sjacobs@cl-na.com](mailto:sjacobs@cl-na.com)

After hours: 24 Hour Phone Line 1-800-621-5410



# Resident Loss

## Claim Reporting Worksheet

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- AR *"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 fines and confinement in prison."*
- CA 1 *"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."*
- CA 2 *"For your protection California law requires the following to appear on this form: Any person who knowingly presents 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."*
- FL *"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree."*
- KY *"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."*
- ME *"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."*
- MN *" A person who submits an application or files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime".*
- NJ *"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, subject to criminal prosecution and civil penalties."*
- NY *"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 such violation."*
- OH *"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."*
- PA *"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, any information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.:*
- NH *As per New Hampshire RSA 635:20, any person who, with the 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.*

