

**CLAIM REPORT**

Kemper Life 12115 Lackland Road St. Louis, MO 63146 800.777.8467

Use this form to submit a property claim to Capitol County Mutual Fire Insurance Company, Old Reliable Casualty Company, United Casualty Insurance Company of America, Commonwealth Mutual Fire Insurance Company, Union National Fire Insurance Company and Mutual Savings Fire Insurance Company.

**\* ITEMS IN BOLD/ASTERISK MUST BE COMPLETED TO BEGIN A CLAIM**

**Section 1**

<b>* Insured's Name</b>		<b>* Phone Number</b>	
<b>* Location of Property Insured (Street Address, City, State, and Zip)</b>			
Temporary Address - If Applicable (Street Address, City, State, and Zip)			
Insured's Email:		Alternate Phone Number	
Mailing Address for Claim Check (Street Address, City, State, and Zip)			

**Section 2**

<b>* Date/Time of Loss</b>	<b>* Date/Time Reported to Company</b>	<b>* Type of Loss - Check one:</b>	
		<input type="checkbox"/> Fire	<input type="checkbox"/> Lightning <input type="checkbox"/> Hail
Person Reporting Loss		<input type="checkbox"/> Smoke	<input type="checkbox"/> Tornado <input type="checkbox"/> Burglary
		<input type="checkbox"/> Windstorm	<input type="checkbox"/> Vehicle
		<input type="checkbox"/> Water/Flood	<input type="checkbox"/> Other: _____
To Whom Reported	<b>* Policy Number</b>	Plan	Coverage Amt
Agent Name		Contact Number	
Are there any other Fire Policies or other insurance for the Described location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Policy #:		Fire or Police Dept. called? <input type="checkbox"/> Yes <input type="checkbox"/> No Date report ordered: _____	
Insured's description of Loss (Give Specific Details)			
Additional Details			
Total Loss - <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Scanned	
Claim Inspected By			
Manager's Signature			
District		Agency	

**PROOF OF LOSS**

**(Please read the applicable fraud warning for your state below before signing below)**

---

**TITLE AND INTEREST:** The above described property at the time of loss belonged solely to the undersigned claimant and no other person or persons had any interest, mortgages, sales contract, or liens against this property except:

---

**TOTAL INSURANCE:** At the time of this loss, there was no other insurance on the above described property except as follows:

---

**TIME AND ORIGIN:** A loss occurred to the described property at \_\_\_\_\_ A.M. P.M. (please circle one) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The cause and origin of the loss were:

---

---

**OCCUPANCY:** The building described or containing the property described was occupied at the time of the loss for no other purpose than as: \_\_\_\_\_

---

**GENERAL:** I have done nothing to violate the conditions of the policy; all articles mentioned in the attached papers were destroyed or damaged as indicted.

**SUBROGATION:** I assign to the company all claims and causes of action I now have or may have to recover from any other source as a result of this loss to the extent of the payment made to me by you.

**WAIVER:** The preparation of proofs and investigation of the claim should not be considered as a waiver by the Company or the Insured of any of their rights.

**EXPLANATION OF POLICY PROVISIONS AND BENEFITS:** The benefits, provisions, and claims requirements of my policy have been adequately explained to me by my agent.

**This loss was not caused by any act on my part, intentional or otherwise. No losses are claimed except those which arose from damage or destruction of my property at the time of this loss. No property saved has in any manner been concealed or disposed of, and no attempt has been made to deceive the Company in any way as to the extent of the loss. Any other information required and requested will be furnished and considered a part of this proof.**

---

Signature of Insured

Date

---

Witness

Date

## FRAUD WARNING NOTICES

**GENERAL FRAUD WARNING:** 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.

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

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

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

**INDIANA:** 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:** 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.

**MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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

**OHIO:** 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: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.

**PENNSYLVANIA: WARNING:** 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.

**TENNESSEE:** 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 denial of insurance benefits.

**VIRGINIA: WARNING: ANY PERSON WHO, WITH THE 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 MAY HAVE VIOLATED THE STATE LAW.**

