

SECURIAN CASUALTY COMPANY
SUMMIT ADMINISTRATORS, INC.
110 West Rosamond • Houston, TX 77076-3919
TOLL-FREE: 1.800.275.3414 • FAX 1.713.694.0298

PROPERTY INSURANCE PROOF & NOTICE OF LOSS FORM

INSTRUCTIONS

PLEASE NOTE: THIS CLAIM CANNOT BE PROCESSED UNLESS ALL SECTIONS ARE COMPLETE AND A COMPLETE COPY OF THE POLICE / FIRE REPORT IS INCLUDED.

LENDER / CREDITOR INFORMATION

DANIEL'S JEWELERS
P O BOX 3750
CULVER CITY, CA 90231
310.665.2100

CLAIMANT'S INFORMATION

NAME OF CLAIMANT

CERTIFICATE #

MAILING ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

TYPE OF LOSS

DATE OF LOSS

ITEMS CLAIMED MUST BE LISTED BELOW

ARTICLE	PURCHASE DATE	PURCHASE PRICE	REPAIR COST

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OR USE SECOND CLAIM FORM

FRAUD STATEMENT

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 QUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

CLAIMANT'S NAME (PLEASE PRINT)	CLAIMANT'S SIGNATURE	ACCOUNT NUMBER	DATE