



CLAIM #: 550-_____

BANK CARD PROTECTOR POLICY CLAIM DEPARTMENT PROOF OF LOSS

EACH STATEMENT MUST BE MADE UNDER OATH

1. Claim is hereby made upon the National Union Fire Insurance Company of Pittsburgh, Pa. pursuant to the terms of Policy No. _____ for a loss sustained in the amount of \$ _____, consisting of property and/or money as described in the schedule (Item #4) submitted below, which loss was discovered by us on the _____ day of the month of _____, 20_____.

2. The loss is a direct result of (check and complete one of the boxes below):

1		Fraud at an Electronic Terminal (attach cardholder affidavit)
2		Fraud Involving Telephone, Mail Order and Internet Sales (attach cardholder affidavit)
3		Compromised Cards Extra Expense (attach CAMS Report)

3. And occurred under the following circumstance:

4. The loss consisted of property valued as itemized and described in the table below. (Use extra pages as necessary).

Date of Loss	Owner	Quantity And Description	Approximate Date Purchased	Place Purchased	Actual Cost	Amount Claimed

Total	\$ _____
Less Applicable Credits or Chargebacks	\$ _____
Net loss (SEE REVERSE SIDE)	\$ _____

Claim #

5 The Insured has no other suretyship/property insurance or other insurance under which the above claim, or any part thereof, is claimable, except the following:

6 Circumstances were reported to the police department as follows:

Police Department	Officer	Phone No.	Case No.	Date

7 It is understood and agreed that the furnishing of this form to the insured, or its preparation by any representative of the Company, or the acceptance or retention of the proof thereafter by the Company shall not constitute a waiver of any of the conditions of the policy.

_____ Insured

Dated _____ By _____
Name and Title of Officer Making Affidavit

Subscribed and sworn to before me, the undersigned, at _____
on the _____ day of the month of _____, _____

Notary Public

INSTRUCTIONS FOR MAKING PROOF

Statement of loss should be an itemized account showing names, dates, amounts, and description of individual items, of money, securities or property, misappropriated, stolen or embezzled, as nearly as can be ascertained, and if representing collections made, the dates, names and addresses of the persons, firms or corporations from which the collections were made.

Credits should be similarly entered in detail, as to commissions or salary due and unpaid and any securities, notes, etc., should be listed individually with full description.

Attach to proof all original vouchers, or otherwise verified copies of same and any further evidence in explanation or support of the amount or amounts for which claim is made.

If other security, indemnity or surety against loss is held, list the amounts, names and addresses of the indemnitors or sureties with full description of same.

NOTICE TO ALASKA APPLICANTS

"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 state law."

NOTICE TO ARIZONA APPLICANTS

"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."

NOTICE TO ARKANSAS APPLICANTS

"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."

NOTICE TO CALIFORNIA APPLICANTS

"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."

NOTICE TO COLORADO APPLICANTS

"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."

NOTICE TO DELAWARE APPLICANTS

"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."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS

"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."

NOTICE TO FLORIDA APPLICANTS

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

NOTICE TO HAWAII APPLICANTS

"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."

NOTICE TO IDAHO APPLICANTS

"Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony."

NOTICE TO INDIANA APPLICANTS

"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."

NOTICE TO KENTUCKY APPLICANTS

"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."

NOTICE TO LOUISIANA APPLICANTS

"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."

NOTICE TO MAINE APPLICANTS

"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."

NOTICE TO MARYLAND APPLICANTS

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

NOTICE TO MINNESOTA APPLICANTS

"A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

NOTICE TO NEW HAMPSHIRE APPLICANTS

"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 RSA 638:20." However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS

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

NOTICE TO NEW MEXICO APPLICANTS

"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."

NOTICE TO NEW YORK APPLICANTS

"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."

NOTICE TO OHIO APPLICANTS

"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."

NOTICE TO OKLAHOMA APPLICANTS

"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."

NOTICE TO TENNESSEE APPLICANTS

"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."

NOTICE TO UTAH APPLICANTS

"Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

NOTICE TO VIRGINIA APPLICANTS

"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."

NOTICE TO WASHINGTON APPLICANTS

"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."

NOTICE TO WEST VIRGINIA APPLICANTS

"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."