

STORED PROPERTY INSURANCE
LOSS NOTIFICATION FORM for Claim#: _____

Please complete all the information below, sign and date this form and have your signature notarized.
Return the completed form to: **Bader Company**
9777 N. College Ave.
Indianapolis, IN 46280-1628

Insured's Name: _____ Soc. Security #: _____
Address: _____ Home Phone #: ____/____/____
City, ST Zip: _____ Work Phone #: ____/____/____
Is this your primary residence? Yes No If Yes, do you own the home? Yes No
If No, who owns the home? _____

Storage Facility Name: _____ Unit #: _____
Address: _____ Date Moved In: ____/____/____
City, ST Zip: _____ Date Insured: ____/____/____
Insurance Limit: \$ _____

Describe the loss: (Use additional sheets as necessary. Check here if additional sheets attached)

Who discovered the loss (name): _____ Relationship to you: _____
When was the loss discovered: DAY: _____ DATE: ____/____/____ TIME: _____ a.m. or p.m.?
Where were you at the time of the loss? _____
When was the last time you were at the unit: DAY: _____ DATE: _____ TIME: _____ a.m. or p.m.?
Does anyone else have access to your storage unit? Yes No Who? _____
Do you own all of the damaged/missing property? Yes No If No, who owns the property? _____
Is any of the property: Purchased on a rent-to-own (or lease-to-own) basis? Yes No
Financed? Yes No Leased? Yes No Used in business? Yes No
If used in business, what is the name of the business? _____

List all damaged or missing items on the PERSONAL PROPERTY CLAIM LIST
[form# 908-70731], sign it and attach it to this NOTIFICATION FORM.

If This Is A Burglary Loss: Which law enforcement agency was this reported to: _____
What is their phone number: _____ What is their address: _____
Did the police department make an on-site investigation? Yes No (ATTACH COPY OF POLICE REPORT IF YOU HAVE ONE)
Have you had any other theft claims? Yes No When? Where? _____
What items were stolen? Total amount of loss? _____

Do you have Home Owners, Renters or any other insurance? Yes No
Name of Insurance company? _____ Policy #: _____
Who is your insurance Agent? (name): _____ Phone #: ____/____/____
When was the last date you paid your Storage Insurance premium? ____/____/____ (Attach receipt)
Who else can verify the details of this loss? _____ Relationship: _____
Have you given a recorded statement regarding this loss? Yes No

FRAUD 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 PURPOSES OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND MAY BE SUBJECT TO CRIMINAL AND SUBSTANTIAL CIVIL PENALTIES INCLUDING CONFINEMENT IN PRISON. (Additional Warnings are on the reverse side of form.)

I hereby warrant that all of the information provided above is true and complete.

Insured's signature _____ Date _____
The above signature was witnessed by _____ (print Notary name)
A Duly appointed Notary in the State of: _____ County of: _____
My commission expires: _____ Affix Seal here:

INSURANCE FRAUD WARNINGS

Bader Company

Attention: Insureds in AZ, CA, DC, KY, MD, RI, WV

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.

Attention: Insureds in CO

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.

Attention: Insureds in FL, DE, ID, IN, LA and OK

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 (in Louisiana this is a felony of the third degree.)

Attention: Insureds in ME, TN, VA and WA

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.

Attention: Insureds in NH and AK

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.

Attention: Insureds in 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.

Attention: Insureds in MN and OH: A person who files a claim with the intent to defraud or helps a commit a fraud against an insurer is guilty of a crime.

Attention: Insureds in NJ and NM: Any person who knowingly files a statement of claim containing any false or misleading information is subject criminal and civil penalties.

Attention: Insureds in 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, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.