

**NOTICE OF LOSS (PERSONAL PROPERTY)**

Please note the following important information regarding filing a claim after a loss:

- If possible, protect your property to avoid further damage.
- Attach photos of the damages and estimates for repairs. This information may be requested for claim evaluation.
- Keep copies of any invoices or receipts related to emergency repairs, if any. This information may be requested by the adjuster.
- Deductibles may apply, please refer to the Policy.

**1**

Complete the information required according to the instructions provided:

- Review the forms to make sure you have included all the requested documentation and have completed, signed and obtained the necessary signatures required for each section. This will facilitate the evaluation process.
- If possible, include with your claim photos of the damage and estimates for repairs.

**2**

**SUBMIT THE COMPLETED FORMS AND ALL SUPPORTING DOCUMENTATION BY:**

**Email:**

[capic.dwellling@assurant.com](mailto:capic.dwellling@assurant.com)

**Mail:**

Assurant - Claims Department  
Torre Chardón, 350 Carlos Chardón Ave., Suite 1101, San Juan, PR, 00918

We recommend that you retain copies of all documentation submitted to us for review. Within 3-5 working days of receiving your documentation, the adjuster assigned to your case will contact you to coordinate inspection to the premises.

**If you have any questions regarding the claim process,  
call our toll free number 1-800-981-8888  
Monday through Friday 8:00 a.m. to 5:00 p.m.**

**LEGAL DISCLOSURE:**

As required in Section 2736 of the Insurance Code of Puerto Rico titled Fraud Penalty be informed that: **ANY PERSON** who knowingly and with the intention to commit fraud provides false information in an insurance application, or submits, helps or causes the submission of a fraudulent insurance claim for the payment of a loss or any other benefit, or submits more than one claim for the same damage or loss, will incur in a felony and, upon conviction thereof, shall be punished, for each violation, with a fine not less than five thousand (\$5,000) dollars, nor greater than ten thousand (\$10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravating circumstances are present, the fixed penalty established could be increased up to a maximum of five (5) years; if attenuating circumstances are present, the penalty could be reduced to a minimum of two (2) years.

**INSURED'S INFORMATION ("HOST")**

RESERVATION NUMBER		HOST NUMBER		
RESERVATION INFORMATION				
CHECK-IN DATE		CHECK-OUT DATE	NUMBER OF NIGHTS	
INSURED'S NAME				
NAME		INITIAL	LAST NAME	
HOME PHONE NUMBER		MOBILE	WORK PHONE NUMBER	EMAIL ADDRESS
POSTAL ADDRESS				
STREET	CITY		STATE	ZIP CODE
PHYSICAL ADDRESS				
STREET	CITY		STATE	ZIP CODE
<b>DESCRIPTION OF LOSS</b>				
PHYSICAL ADDRESS WHERE DAMAGES TOOK PLACE				
STREET	CITY		STATE	ZIP CODE
PROVIDE DETAILED INFORMATION OF THE EVENT RELATED TO THE LOSS (use additional sheet if necessary)				
SPECIFY THE DAMAGES				
DATE OF THE EVENT (MONTH/DAY/YEAR) / TIME		WHICH AGENCIES WERE INVOLVED: <input type="checkbox"/> Police <input type="checkbox"/> Fire Department <input type="checkbox"/> FEMA <input type="checkbox"/> Other: _____ <input type="checkbox"/> NONE		
OFFICIAL REPORT NUMBER		POLICE STATION OR PLACE WHERE REPORT WAS LOGGED		
NAME OF POLICE OFFICER OR SERVICE PERSON		ID NUMBER		
IS THIS EVENT COVERED UNDER ANY OTHER POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF THE ANSWER IS YES, PLEASE PROVIDE THE NAME OF THE INSURANCE COMPANY AND POLICY NUMBER		

HAVE YOU SUFFERED A LOSS OF THIS NATURE BEFORE  YES  NO

IF THE ANSWER IS "YES", PLEASE INCLUDE THE FOLLOWING DETAILS FOR THE PREVIOUS LOSS: DATE, CAUSE, DAMAGES AND INSURANCE COMPANY THAT MANAGED THE CLAIM, IF APPLICABLE.

LIST OF DAMAGES TO YOUR PROPERTY

DESCRIPTION OF THE ITEM/EQUIPMENT	DAMAGE	DATE OF PURCHASE	PURCHASE PRICE	DAMAGES ESTIMATE
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$

SIGNATURE

INSURED'S NAME	SIGNATURE	DATE MONTH/DAY/YEAR
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