NOTICE OF LOSS (BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE)

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

- It is important that you complete all required sections and include documentation to facilitate the evaluation of your claim.
- If possible, attach photos of the damage and estimates for repairs, if apply.

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.
2	**SUBMIT THE COMPLETED FORMS AND ALL SUPPORTING DOCUMENTATION BY:** **Email:** capic.dwelling@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.

DISCLOSURE:
As required in Section 2736 of the Insurance Code of Puerto Rico entitled 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 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
POSTAL ADDRESS			
STREET	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS			
STREET	CITY	STATE	ZIP CODE

DESCRIPTION OF LOSS			
PHYSICAL ADDRESS WHERE DAMAGES TOOK PLACE			
STREET	CITY	STATE	ZIP CODE
TYPE OF CLAIM ☐ INJURIES ☐ DAMAGES TO THIRD PARTY PROPERTY	WHO CAUSED THE ACCIDENT INCLUDE NAME AND PHONE NUMBER	RELATIONSHIP TO THE INSUREDD	
PROVIDE DETAILED INFORMATION OF THE EVENT RELATED TO THE LOSS (USE ADDITIONAL SHEET IF NECCESARY)			
DATE OF THE ACCIDENT MONTH/DAY/YEAR/ TIME	WHICH AGENCIES WERE INVOLVED: ☐ Police ☐ Fire Department ☐ FEMA ☐ Other:_____ ☐ 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? ☐ YES ☐ NO	IF THE ANSWER IS YES, PLEASE PROVIDE THE NAME OF THE INSURANCE COMPANY AND POLICY NUMBER		

CLAIMS FOR INJURIES

INFORMATION ON INJURED (USE ADDITIONAL SHEET IF NECESSARY)

NAME	AGE	OCCUPATION	ADDRESS	PHONE NUMBER	DESCRIPTION OF INJURIES
1.					
2.					
3.					

DID THEY RECEIVE MEDICAL ATTENTION?	☐ YES ☐ NO	PLACE	PHONE NUMBER	ADDRESS	NAME OF DOCTOR OR CONTACT PERSON

THIRD-PARTY PROPERTY DAMAGE CLAIM

DAMAGED PROPERTY	DESCRIPTION OF DAMAGES	DAMAGES ESTIMATE
1.		
2.		
3.		

NAME OF THE DAMAGED PROPERTY OWNER	ADDRESS	PHONE NUMBER	OCCUPATION

SIGNATURE

INSURED NAME	SIGNATURE	DATE MONTH/DAY/YEAR