

# SECURITY DEPOSIT PLUS CLAIM FORM

Claims Service Center  
P.O. Box 45153 Jacksonville, FL 32232-5153  
Toll Free: 1.800.888.2738, Press 8, then Ext. 8303  
Fax: 1.904.350.1599  
Email: [securitydeposit@fortegra.com](mailto:securitydeposit@fortegra.com)

- Lyndon Southern Insurance Company  
 Response Indemnity Company of California  
 \_\_\_\_\_

Claims must be reported upon your first discovery of loss or damage to any covered property. You must give us written notice of the loss or damage by completing this claim form no later than fourteen (14) days after discovery.

Contact information for your property should be the person who will be responsible for answering questions concerning the loss/damage, or who will work with the Claims Adjuster appointed by our Underwriter. Be sure to include a telephone number for the contact as well as an e-mail address.

All sections of this claim form must be completed in its entirety. Missing or incomplete information will result in delays in the claim adjudication process.

**The following supportive documentation must be submitted with this claim form, when applicable. Lease Addendum, payment history, legal documents filed, repair estimates, color photos of all damages claimed and Fire and/or Police report.**

## SECTION A – PROPERTY CONTACT INFORMATION FROM LANDLORD/OWNER/PROPERTY MANAGER

Name	Policy Number	Property Name	
Street Address	City	State	Zip
Email Address	Telephone Number		
Person to contact if other than Landlord	Telephone Number	Email Address	

## SECTION B – RENTER/LESSEE INFORMATION (Complete this section for each location involved in the Loss)

Lessee Name	Lease Effective Date	Term (Months)	\$ Monthly Rental Payment
Street Address	Unit #	City	State Zip

**SECTION C – PROOF OF LOSS**

DATE OF LOSS: \_\_\_\_\_

Rental Charges– Amount Claimed \$ \_\_\_\_\_

**Additional-Covered Losses Check all that apply with amount being claimed.**

Property Damage – Amount Claimed \$ \_\_\_\_\_

Pet Damage- Amount Claimed \$ \_\_\_\_\_

Unpaid Utilities- Amount Claimed \$ \_\_\_\_\_

Eviction Fees – Amount Claimed \$ \_\_\_\_\_

Describe, how, when, and where the loss or damage took place? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**STATEMENT FROM THE LANDLORD/OWNER/PROPERTY MANAGER**

I, the undersigned, hereby acknowledge that the information stated above is true and correct to the best of my knowledge and understanding and that any false statements made by me could be regarded as fraudulent. I also authorize the insurance company or its authorized representative, to obtain records and other information as it relates to this insurance claim. A photocopy of this Authorization will be treated in the same manner as the original.

Any person, who, knowingly and with intent to injure, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. See attached for State Specific Fraud Warning.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord/Owner/Property Manager - Signature

\_\_\_\_\_  
Landlord/Owner/Property Manager - Printed Name

## STATE SPECIFIC FRAUD WARNINGS

**Alaska Residents:** 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 this title.

**Arizona Residents:** 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.

**Arkansas and New Mexico Residents:** 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.

**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 guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Residents:** 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.

**Delaware and Idaho Residents:** Any person who knowingly and with intent to injure, defraud, or deceive an insurer files a statement of a claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia and Washington DC Residents:** 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.

**Florida Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii Residents:** 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.

**Indiana Residents:** 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.

**Kentucky Residents:** 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.

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

**Tennessee and Virginia Residents:** 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 a denial of insurance benefits.

**Maine Residents:** 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.

**Minnesota Residents:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire Residents:** 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 R.S.A. §638:20.

**New Jersey Residents:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New York Residents:** 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 violation.

**Ohio Residents:** 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.

**Oklahoma Residents:** 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.

**Oregon Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or application containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact may be guilty of an insurance fraud, which is a crime, and may be subject to prosecution.

**Pennsylvania Residents:** 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.

**Texas, West Virginia and Alabama Residents:** Any person who knowingly presents a 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, or any combination thereof.

**All Other States:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit may be guilty of a crime and may be subject to fines and confinement in prison.

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