



Associated Bodywork & Massage Professionals



REPORT OF BUSINESS PERSONAL PROPERTY LOSS

Named Insured

Name of Insured (First, Middle, Last)				Today's Date	
Office Address		City	State	Zip	
Office Phone	Alt. Phone (Home, Cell, etc.)	Fax	Email Address		

Claim Information

Date and Time Loss Type of Loss: Accidental Criminal (Theft / Vandalism, etc.) Other

Did the Loss occur at / in your: Office Home Vehicle Some other location

Describe in detail the nature of the loss – what property was impacted, how and where the loss occurred, etc:

If the loss was criminal in nature, has a police report been filed? Yes No N/A If Yes, please attach a copy of report.

If the loss occurred at a location other than your office, home or vehicle, provide the following:

Name of Location:

Location Address:

Was location notified? Yes No If Yes, who? Name: Phone:

Has a claim been filed with the facility? Yes No

If, Yes did you receive a payment for the claim? Yes No – If Yes, indicate amount received:

Other Insurance

You may have other insurance coverage which applies to this loss. Please indicate if you have any of the following coverage, and list the coverage provider, policy number, address of provider and phone contact in the space below:

Homeowner's or Renter's Insurance Travel Club Coverage (AAA, etc.) Credit Card Coverage Other

Valuation of lost property				
Description of Item	Date and place of purchase	Original Cost	Est. Replace. Cost	Amount Claimed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
Please attach bills of sale, receipts or estimates.				

Are all of the above claimed items used in your business, occupation or profession? Yes No

Release of Information and Warranty

I authorize any insurance company, any travel organization or agency, airline carrier, cruise line, tour operator, rental agency, hotel, motel or similar entity providing lodging on a rental/lease basis or any other person who may have knowledge regarding this claim to release any information requested regarding this claim and the loss reported.

I understand this information will be used by the Allied Professional Insurance Company, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original. I agree that this authorization shall be valid for the duration of this claim.

I hereby declare that the above statements are true, and that I have not suppressed or misstated any facts. **I understand that untrue statements could void my insurance policy.**

It is important that you keep any and all evidence related to this claim whether in the form of documentation or physical, tangible objects or equipment that cause the alleged injury, including, but not limited to, physical therapy equipment and therapy tables, heat lamps, and tens units. By initialing here, you acknowledge that you have read and understand this statement and will retain all such evidence in your possession until the claim is fully resolved.
Initials: _____

Sign: _____

Date: _____

NOTICE: THIS FORM IS CONFIDENTIAL AND MAY CONTAIN INFORMATION THAT IS (I) PROPRIETARY TO THE SENDER, AND/OR, (II) PRIVILEGED, CONFIDENTIAL, AND/OR OTHERWISE EXEMPT FROM DISCLOSURE UNDER APPLICABLE STATE AND FEDERAL LAW, INCLUDING, BUT NOT LIMITED TO, PRIVACY STANDARDS IMPOSED PURSUANT TO THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA"). IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS FORM IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FORM IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY REPLY E-MAIL OR BY TELEPHONE AT (800) 860-8330, AND DESTROY THE FORM AND ITS ATTACHMENTS WITHOUT READING OR SAVING THEM TO DISK.

NOTICE – IT IS UNLAWFUL TO:

- (a) Present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance;
- (b) Prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be present or used in support of any such claim.

Every person who violates any provision of this section is punishable by imprisonment in the State prison not exceeding three (3) years, or by fine not exceeding one thousand dollars, or both.