

CLAIM REPORT

Kemper Life 12115 Lackland Road St. Louis, MO 63146 800.777.8467

Use this form to submit a property claim to United Casualty Insurance Company of America in California.

*** ITEMS IN BOLD/ASTERISK MUST BE COMPLETED TO BEGIN A CLAIM**

Section 1			
* Insured's Name		* Phone Number	
* Location of Property Insured (Street Address, City, State, and Zip)			
Temporary Address - If Applicable (Street Address, City, State, and Zip)			
Insured's Email:		Alternate Phone Number	
Mailing Address for Claim Check (Street Address, City, State, and Zip)			
Section 2			
* Date/Time of Loss	* Date/Time Reported to Company	* Type of Loss - Check one:	
Person Reporting Loss		<input type="checkbox"/> Fire <input type="checkbox"/> Lightning <input type="checkbox"/> Hail <input type="checkbox"/> Smoke <input type="checkbox"/> Tornado <input type="checkbox"/> Burglary <input type="checkbox"/> Windstorm <input type="checkbox"/> Vehicle <input type="checkbox"/> Water/Flood <input type="checkbox"/> Other: _____	
To Whom Reported	* Policy Number	Plan	Coverage Amt
Agent Name		Contact Number	
Are there any other Fire Policies or other insurance for the Described location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Policy #:		Fire or Police Dept. called? <input type="checkbox"/> Yes <input type="checkbox"/> No Date report ordered: _____	
Insured's description of Loss (Give Specific Details)			
Additional Details			
Total Loss - <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Scanned	
Claim Inspected By			
Manager's Signature			
District		Agency	

PROOF OF LOSS

(Please read the applicable fraud warning for your state below before signing below)

TITLE AND INTEREST: The above described property at the time of loss belonged solely to the undersigned claimant and no other person or persons had any interest, mortgages, sales contract, or liens against this property except:

TOTAL INSURANCE: At the time of this loss, there was no other insurance on the above described property except as follows:

TIME AND ORIGIN: A loss occurred to the described property at _____ A.M. P.M. (please circle one) on the _____ day of _____, 20 ____ . The cause and origin of the loss were:

OCCUPANCY: The building described or containing the property described was occupied at the time of the loss for no other purpose than as: _____

GENERAL: I have done nothing to violate the conditions of the policy; all articles mentioned in the attached papers were destroyed or damaged as indicted.

SUBROGATION: I assign to the company all claims and causes of action I now have or may have to recover from any other source as a result of this loss to the extent of the payment made to me by you.

WAIVER: The preparation of proofs and investigation of the claim should not be considered as a waiver by the Company or the Insured of any of their rights.

EXPLANATION OF POLICY PROVISIONS AND BENEFITS: The benefits, provisions, and claims requirements of my policy have been adequately explained to me by my agent.

CALIFORNIA: 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.

This loss was not caused by any act on my part, intentional or otherwise. No losses are claimed except those which arose from damage or destruction of my property at the time of this loss. No property saved has in any manner been concealed or disposed of, and no attempt has been made to deceive the Company in any way as to the extent of the loss. Any other information required and requested will be furnished and considered a part of this proof.

Signature of Insured

Date

Witness

Date

FOR CALIFORNIA ONLY

Claim Disclosure

Burglary Coverage Endorsement

Please take note of the following important provisions from your policy regarding claim handling.

- You must notify your local law enforcement agency within twenty-four (24) hours of discovery of the Burglary.
- Any items not initially discovered as having been unlawfully taken or removed when making the initial police report, must be reported to the police within seventy-two (72) hours of your discovery of the Burglary.

