



# Claim Forms and Sworn Statement



State: \_\_\_\_\_ County: \_\_\_\_\_

I, \_\_\_\_\_ affirm that:  
(First and Last Name)

1. I am a policyholder under policy number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. My current address is: \_\_\_\_\_

3. Phone: \_\_\_\_\_ 4. Email: \_\_\_\_\_

5. Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ 6. Location: \_\_\_\_\_

7. Type of Claim:  Damage  Theft  Fire  Power Surge  Other

8. Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you have secondary property insurance?  YES  NO

a. Name of insurance company: \_\_\_\_\_

b. Have they been notified of the incident?  YES  NO

c. Payment received from secondary insurance: \$ \_\_\_\_\_

10. Did you notify the police?  YES  NO (Required for Theft, Vandalism and Fire ONLY)

a. Department and Location: \_\_\_\_\_

b. Officer and Case Number: \_\_\_\_\_

c. Police Department Contact Number: \_\_\_\_\_

11. Who should claim payment be remitted to?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NOTE:** A 30 day waiting period is required on accidental damage claims for new enrollees.

National Student Services, Inc. may require from the policyholder an assignment of all rights of recovery against any party for loss to the extent that payment therefore is made by this company. Do not dispose of any damaged items until your claim has been settled.

We must advise you that any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

By signing, I agree that the statements above are true and correct to the best of my knowledge and cannot be changed once submitted to the company. All payments will be remitted to the person listed above.

Policyholder: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature



# Personal Property Inventory Form

## Fill Out Your Claim Inventory:

Please provide a detailed description of all items pertaining to the incident.



**Concealment or Fraud:** We do not provide coverage for any insured who has intentionally concealed or misrepresented any material fact or circumstances relating to this insurance.

Item Description (list each item separately)	Qty	Purchase Date/ Location	Purchase Price	For Adjustor Use Only
				RC

(Please print additional pages as needed.)



# Electronic Device Form

(For Electronic Device Claims Only)

**Form MUST be completed in its entirety.**

All repair estimates must have prior approval from an adjustor to be considered for a claim payment.

Estimates that were not given prior approval will be null and void.

## Device Specifications:

Device Serial #: \_\_\_\_\_ Device Color: \_\_\_\_\_

Device Make: \_\_\_\_\_ Device Model: \_\_\_\_\_

Device Type:  Laptop  iPad  Tablet  iPhone  Cell Phone

e-Reader  Camera  iPod  Game Console

CPU Type (Pentium, Celeron, AMD): \_\_\_\_\_

Monitor/Screen Size: \_\_\_\_\_ Speed (GHz): \_\_\_\_\_

Hard Drive Size (GB): \_\_\_\_\_ RAM (GB): \_\_\_\_\_

## Damage:

Broken Screen

Broken Casing (bottom or top)

Hardware (ports, trackpads, keyboard, home button, etc.)

Liquid Damage

Other (please specify): \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

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

**Send Forms ATTN:**

National Student Services, Inc.  
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Stillwater, OK 74076

Toll Free: 800-256-6774  
Fax: 405-334-5418  
Email: [claims@nssi.com](mailto:claims@nssi.com)