

**INVOLUNTARY UNEMPLOYMENT CLAIM FORM**

**Claims Service Center**

P.O. Box 45153 / Jacksonville, Florida 32232-5153

Fax 904-355-5878

Toll Free 1-800-888-2738, Ext. 8303

- INSURANCE COMPANY OF THE SOUTH**
- LYNDON PROPERTY INSURANCE COMPANY**
- LYNDON SOUTHERN INSURANCE COMPANY**
- AMERICAN GUARANTY INSURANCE COMPANY**

**This form must be completed in full and submitted with the following:**

- 1. A copy of the loan agreement**
- 2. A copy of the Involuntary unemployment certificate of insurance**
- 3. A copy of the State Unemployment Benefit Payment History**

Claimant's Name: \_\_\_\_\_ Creditor Name: \_\_\_\_\_

Claimant's Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Agency Code Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

\_\_\_\_\_  
Signature / Title Date

**STATEMENT OF THE INSURED: ITEMS 1 THRU 10d. ARE TO BE COMPLETED BY YOU THE INSURED  
- HOW TO FILE YOUR CLAIM -**

- |   |   |
|---|---|
| <p>A. Submission of an incomplete or unsigned form may result in a delay in processing your claim.</p> <p>B. Type or print all entries.</p> | <p>C. Have Section II completed by the State Unemployment Office which is handling your claim.</p> <p>D. Have Section III completed <u>only</u> if you are not registered with the State Unemployment Office.</p> |
|---|---|

**SECTION 1 INSURED'S STATEMENT**

1. Claimant's Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. City, State & Zip Code \_\_\_\_\_
4. Home Telephone No. ( \_\_\_\_ ) \_\_\_\_\_
5. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. Social Security Number \_\_\_\_\_
7. Last Date Employed \_\_\_\_\_
- 7a. Number of hours worked per week \_\_\_\_\_
8. On what date do you expect to return to work \_\_\_\_\_
9. Last Employer \_\_\_\_\_
- 9a. City, State & Zip \_\_\_\_\_
- 9b. Business Telephone No. ( \_\_\_\_ ) \_\_\_\_\_
- 9c. Occupation \_\_\_\_\_
- 9d. Employed from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(if less than 12 consecutive months, prior to the loan effective date, please complete items 10 through 10d below)
10. Last Employer \_\_\_\_\_
- 10a. City, State & Zip \_\_\_\_\_
- 10b. Business Telephone No. ( \_\_\_\_ ) \_\_\_\_\_
- 10c. Occupation \_\_\_\_\_
- 10d. Employed from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REASON FOR LEAVING (Check One)

Layoff (other than seasonal)

Lockout or Strike

Seasonal Layoff

Left Voluntarily or Retirement

Medical

Employer No Longer Exists

\*Terminated by Employer (Copy of State Final Determination must be submitted with claim).

\*If terminated, provide reason: \_\_\_\_\_

Have you attached a benefit payment history to this claim form? \_\_\_\_ Yes \_\_\_\_ No

If No, please provide reason \_\_\_\_\_

**STATEMENT FROM THE CLAIMANT**

I DO HEREBY ACKNOWLEDGE THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE STATEMENTS MADE BY ME COULD BE REGARDED AS FRAUDULENT. I ALSO AUTHORIZE MY PREVIOUS EMPLOYER, UNION, STATE OR PRIVATE EMPLOYMENT OFFICE TO PROVIDE LYNDON PROPERTY/LYNDON SOUTHERN INSURANCE COMPANY OR ITS AUTHORIZED REPRESENTATIVE, WITH ANY INFORMATION RELATIVE TO MY EMPLOYMENT HISTORY OR STATE UNEMPLOYMENT CLAIM AS IT RELATES TO THIS INSURANCE CLAIM.

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 fines and confinement in prison. See attached for State Specific Fraud Warnings.

Signature of Claimant \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SECTION 2 To Be Completed by STATE UNEMPLOYMENT OFFICE**

Claimant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date Current Unemployment Period Began \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Registered for this specific claim period \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Unemployment \_\_\_\_\_

Is this individual currently qualified for Unemployment benefits? \_\_\_\_ Yes \_\_\_\_ No

During this specific claim period, has individual been continuously registered? \_\_\_\_ Yes \_\_\_\_ No

If NO, please provide the break(s) in registration \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone No. ( \_\_\_\_ ) \_\_\_\_\_

**SECTION 3 To Be Completed by EMPLOYMENT AGENCY VERIFICATION**

**HAVE COMPLETED ONLY IF INSURED IS NOT REGISTERED WITH A STATE UNEMPLOYMENT OFFICE.**

Claimant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date Individual Registered \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Individual Withdrawn \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone No. ( \_\_\_\_ ) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 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 state law.

**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 and willingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willingly 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 or 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 and West Virginia 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.

**All Other States:** 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 fines and confinement in prison.