

**MAIL TO:**  
 Administrative Concepts, Inc.  
 994 Old Eagle School Road  
 Suite 1005  
 Wayne, PA 19087-1802  
 www.visit-aci.com

**ACE American Insurance Company**

**Loss by Fire Claim Form**

(No Liability is admitted by the society by the issue of this form)

**COMPLETE IN DETAIL TO ENSURE PROMPT HANDLING**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person submits an insurance application or statement of claim containing any materially false, incomplete or misleading information may be committing a crime and may be subject to civil or criminal penalties.

**Insured Information**

Business Name:		Policy #	
Address		City/Town	
# and Street	State	Zip Code	
Telephone ( )	Fax ( )		
Email Address:			
Business/ Occupation:			

**Details of Occurrence**

Date of Fire:	Time:
Location of Fire:	
Cause of Fire: (Please state as explicitly as possible, any suspicion of uncertainty must be mentioned)	
Is any property destroyed/damaged insured by any other insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please supply name, address, telephone number and policy number:	
Please supply name, address, telephone number and policy number of homeowners/household contents insurers:	

**Instructions**

When a fire occurs the insured is, within a reasonable amount of time to deliver to the company an Account of the articles or matters damaged or destroyed by fire, with the estimated cash value of each of them respectively immediately before the fire. When property of the insured is only partially damaged by Fire, a pro-rated benefit will be considered.

The cash value of the property destroyed or damaged by the fire shall in no case exceed what would be the cost to the insured of replacing the same; and in case of the depreciation of such property from use, or otherwise, a corresponding deduction shall be made from the cost of replacement in order to ascertain the actual cash value immediately before the fire.

The following particulars are required when the claim relates to:

1. Building Home:

- (a) A builder's or architect's estimate (obtained at the expense of the insured) giving dimensions and prices of the work required to place the building in the same state of repair as before the fire. No contemplated improvements to be included in the estimate.
- (b.) the insured to state whether he holds the property as sole or part owner or otherwise.

2. Furniture.

- (a.) A complete list of articles damaged or destroyed
- (b) Cost price of each and when and where bought
- (c) value of each article immediately before the fire, after depreciation for past wear and tear, etc.
- (d) value of salvage

3. Goods and Merchandise

- (a) List of articles damaged or destroyed
- (b)The price of each, according to the market value of the goods immediately before the fire
- (c ) value of salvage

**BY SIGNING BELOW I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF**

Signature of Insured or Authorized Representative	Dated
Witnessed by:	Dated
Address:	

**The laws of some states require us to furnish you with the following notices:**

**WARNING. Any person who knowingly:**

**Alaska:** 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 and Arkansas:** presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR: presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California, Louisiana, New Mexico and Texas:** presents a false or fraudulent claim for the payment of a loss or benefit (or specific to LA and TX: who knowingly presents false information on an application for insurance) is guilty of a crime and may be subject to fines and confinement in state prison, (or specific to NM: to civil fines and criminal penalties.)

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

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

**Idaho and Indiana:** and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

**Kentucky, New York and Pennsylvania:** and with intent to defraud any insurance company or other person files an application for insurance, or 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, specific to PA: subjects such person to criminal and civil penalties and specific to NY: shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

**Ohio:** 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:** 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.

**WARNING:**

**Colorado:** 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.

**District of Columbia, Tennessee and Virginia:** It Is a crime to knowingly provide false, incomplete or misleading information to an insurer or insurance company for the purpose of defrauding the insurer or insurance company, (or specific to DC: 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.

**Hawaii:** Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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

**New Hampshire:** 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 RSA 638.20.