

# SIGMA UNDERWRITING MANAGERS

claims@sigmaprograms.com

## FIRST NOTICE OF LOSS

	<b>Policy Number:</b>	
<b>Account Name:</b>		
<b>SECTION I – REPORT OF LOSS</b>		
Was the loss previously reported to us?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide the claim or reference number if available:		
Was it previously reported to another insurer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide the name of that insurer and the claim or reference number if available:		

<b>SECTION II – AGENT OR BROKER INFORMATION</b>	
Name of Agent or Broker:	
Address:	
Daytime Phone No.:	Evening Phone No.:
E-Mail Address:	Fax No.:
Agency Code:	Agency Subcode:

<b>SECTION III – NAMED INSURED AND PERSON TO CONTACT INFORMATION</b>	
Named Insured:	
Address:	
Daytime Phone No.:	Evening Phone No.:
E-Mail Address:	Fax No.:
Agency Customer ID:	Site or Location Code:
Name of Contact (if different from Named Insured):	
Address:	
Daytime Phone No.:	Evening Phone No.:
E-Mail Address:	Fax No.:

**SECTION IV – POLICY INFORMATION**

Insurance Company:

Policy No.:

Policy Effective Date:

Policy Expiration Date:

Type of Policy:

  

Property

GL

B &M

Wind

Other (Describe):

**SECTION V – LOSS INFORMATION**

Date and Time of loss:

Location of loss (include City and State):

Specify the Cause Of Loss (Fire, Lightning, Hail, Theft, Wind, etc.):

Description of loss:

Authorities contacted (if applicable):

**SECTION VI – WITNESSES**

(If applicable)

Name:

Address:

Daytime Phone No.:

Evening Phone No.:

Name:

Address:

Daytime Phone No.:

Evening Phone No.:

Attach additional sheet(s) if necessary.

**SECTION VII – INFORMATION ON OTHER INSURANCE**

(Whose policy may also apply to the loss)

Insurance Company:

Named Insured:

Policy No.:

Policy Effective Date:

Policy Expiration Date:

Type of Policy:

Property

Businessowners

Flood

Wind

Other (Describe):

Are you an additional insured on this policy?

Yes

No

Attach additional sheet(s) if more than two policies apply to the claim.

**SECTION VIII – ADDITIONAL COMMENTS**

**SECTION IX – NAMES AND SIGNATURE**

Name of Person Reporting the Loss:

Name of Company or Agency Person Loss Is Reported To:

Signature of Insured/Agent or Broker:

Date:

**FRAUD STATEMENT**

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.

**FRAUD STATEMENT TO ARKANSAS APPLICANTS**

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.

**FRAUD STATEMENT TO COLORADO APPLICANTS**

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 settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### **FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS**

**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.

### **FRAUD STATEMENT TO FLORIDA APPLICANTS**

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

### **FRAUD STATEMENT TO HAWAII APPLICANTS**

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

### **FRAUD STATEMENT TO IDAHO APPLICANTS**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

### **FRAUD STATEMENT TO KENTUCKY APPLICANTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### **FRAUD STATEMENT TO LOUISIANA APPLICANTS**

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.

### **FRAUD STATEMENT TO MAINE APPLICANTS**

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.

### **FRAUD STATEMENT TO MINNESOTA APPLICANTS**

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

### **FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS**

Any person who, with 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.

### **FRAUD STATEMENT TO NEW JERSEY APPLICANTS**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **FRAUD STATEMENT TO NEW MEXICO APPLICANTS**

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.

### **FRAUD STATEMENT TO NEW YORK APPLICANTS**

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 such violation.

### **FRAUD STATEMENT TO OHIO APPLICANTS**

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.

### **FRAUD STATEMENT TO OKLAHOMA APPLICANTS**

**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.

### **FRAUD STATEMENT TO OREGON APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

### **FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS**

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.

### **FRAUD STATEMENT TO TENNESSEE APPLICANTS**

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 and denial of insurance benefits.

### **FRAUD STATEMENT TO VIRGINIA APPLICANTS**

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 and denial of insurance benefits.

### **FRAUD STATEMENT TO WASHINGTON APPLICANTS**

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, and denial of insurance benefits.