



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.

Worth Ave. Group, LLC 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



Electronic Device Form

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:

Worth Ave. Group, LLC
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Stillwater, OK 74076

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Email: claims@worthavegroup.com