

MINICO, INC.

2531 West Dunlap
Phoenix, AZ 85021
602-870-1711
800-528-1056

"STATEMENT OF LOSS"

**CUSTOMER INSURANCE
POLICY INFORMATION**

CLAIM #: _____

INSTRUCTIONS

(PLEASE COMPLETE & RETURN)

CUSTOMER POL. #: _____

SPACE NUMBER: _____

EFFECTIVE DATE: _____

EXPIRATION DATE: _____

AMT. OF INSURANCE: _____

HOME PHONE: _____

BUSINESS PHONE: _____

GENERAL

EMPLOYER: _____ **LENGTH OF EMPLOYMENT:** _____

ADDRESS: _____ **DOB:** _____ **SOC SEC #** _____

CITY/ST/ZIP: _____ **MARITAL STATUS:** _____

LOSS INFORMATION

FACILITY: _____ **PHONE #:** _____

ADDRESS: _____

CITY/ST/ZIP: _____

DATE LOSS OCCURRED/DISCOVERED: _____

DATE LOSS REPORTED: _____

LOSS REPORTED BY: _____

REASON FOR STORING GOODS: _____

REASON FOR GOING TO SPACE: _____

LAST TIME AT SPACE PRIOR TO LOSS: _____

**DO YOU HAVE ANY OTHER INSURANCE COVERING PROPERTY?
(INCLUDING HOMEOWNERS):** _____

COMPANY: _____ **POLICY #:** _____

LOSS INVESTIGATION

REPORTED TO WHICH POLICE DEPT. & LOCATION: _____

CASE #: _____

WHAT VISIBLE EVIDENCE OF FORCIBLE ENTRY: _____



To: SAFECO INSURANCE COMPANY OF AMERICA
 GENERAL INSURANCE COMPANY OF AMERICA
 FIRST NATIONAL INSURANCE COMPANY OF AMERICA

PROOF OF LOSS — PROPERTY

DATE			
POLICY NUMBER		NAME OF POLICYHOLDER	
ADDRESS WHERE LOSS OCCURRED			
DATE OF LOSS		CAUSE OF LOSS	
LEGAL OWNER OF PROPERTY AT TIME OF LOSS			
MORTGAGEE OR LOSS PAYEE AT TIME OF LOSS			
POLICY LIMITS			
Building - \$ _____	Contents - \$ _____	Loss of Use - _____	Other - \$ _____

Are there any other insurance policies that cover this property? Yes No
 (If "Yes," identify the insurance company, policy number, and coverage limits on the back of this form.)

State the amount claimed for damages:

Building \$ _____ Contents \$ _____ Loss of Use _____ Other \$ _____

I request payment to be made to: _____

In consideration of payment of this claim I give the company my rights of recovery up to the amount paid, and will execute all documents required of me and cooperate with the company in prosecuting all actions to effect recovery. The company is authorized to commence and prosecute any action or proceeding in my name, or in its own, or in the name of any person or persons to whom it may assign its claims hereunder, for the purpose of effecting collection of the amount mentioned above.

Any information that may be required will be furnished upon request, and considered a part of these proofs.

It is expressly understood and agreed, the furnishing of this form to the insured or preparation of proofs of loss by an adjuster, or any agent of the company named herein, is not a waiver of any rights of said company.

Date _____ Signed _____

Any person who knowingly and with intent to defraud an insurance company or other person, files a statement of claim, such as the Proof of Loss, containing any materially false information or conceals for the purpose of misleading, information concerning any fact material to the claim may be subject to a civil suit seeking the return of any payments and other costs and may be subject to criminal prosecution.

NOTARY SIGNATURE REQUIRED ON ALL CLAIMS OF \$10,000 OR MORE

State of _____ County of _____

Personally appeared before me, the day and date above written signer of foregoing statement, who makes solemn oath to the truth of same, that no material fact is withheld of which the said insurance company should be advised.

 Notary Public (Seal)

BURGLARY LOSS CLAIM

- 1. According to the terms of your policy, you must immediately notify the appropriate law enforcement agency of the burglary. Upon notification to the Police Department, you must notify the manager of the storage facility of events as you know them.**
- 2. Complete the enclosed "Statement of Loss" form. This form allows you to explain your loss. Failure to complete the form will necessitate its return to you, thereby delaying the processing of your claim.**
- 3. Complete the enclosed "Proof of Loss" form. This is your sworn affidavit that you suffered a loss. Failure to complete the form will necessitate its return to you, thereby delaying the processing of your claim.**
- 4. You must provide us with a complete inventory of the property that was taken and include documentation in support of each item listed. We have included forms for this purpose. (Feel free to duplicate if additional forms are needed.) This document must provide a description of the item, date of purchase and cost. (See attached supplement "Acceptable Documentation" as a guide.) If you are unable to provide the aforementioned information, please provide a narrative on the attached forms explaining why you cannot provide this information.**
- 5. Along with a copy of the police report, you must submit original photographs of the damaged door, lock assembly or cut lock. This is evidence of "forced entry". Photos can be taken by yourself or someone at the facility (photos to show unit number).**

SETTLEMENT OF LOSS:

Upon receipt of satisfactory proof of interest, your claim will be processed.

Thank you for your cooperation towards the resolution of your claim.

****Please call if there are any questions regarding any forms.****

ACCEPTABLE DOCUMENTATION FOR CLAIMS

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- **RECEIPTS** - Receipts in all forms are always the best documentation. They show where the item was purchased, the date and the amount paid. In the event you lose/misplace your receipt, many stores are able to look up the sale and provide you with a copy.
- **CREDIT CARD RECEIPTS** - Credit card receipts are always good documentation. If you lose the receipts, you can get copies from the credit card company, or an old billing statement can verify a purchase, retailer and amount.
- **CANCELLED CHECKS** - Cancelled checks show who the money was paid to, the amount and the date. If you use the lower left hand info line, you can also include information on what was purchased. If you get your checks back, you can use photocopies for documentation. If you don't get your checks back, your bank can make a photocopy for you. Many banks now offer checkbooks with duplicate copies and photocopies of those would be helpful documentation.
- **PHOTOGRAPHS** - Photographs are another good way to document your loss, especially if it's a clear photo that shows the model number of the item. This is especially true if you have items that are near and dear to you, have something that would be difficult (or impossible) to replace, have a family heirloom, or anything that could be considered an antique (or just old). Remember, unless you have an antique appraised, many times it will be considered as just an old item, with no special value. Remember, it is to your advantage to be able to show what you are claiming, whether it's for a mini storage claim or a claim against your own insurance company for fire, theft, or any other loss at your place of residence.

ACCEPTABLE DOCUMENTATION FOR CLAIMS

(con't - page 2 of 2)

- **AFFIDAVITS** - If anyone you know can verify that you owned the item(s) claimed, a signed affidavit by them is helpful toward documenting your claim. Their affidavit should include their name, full address, and phone number(s) where we can contact them, if necessary, This person can be anyone you know who is familiar with the item(s) in question.
- **OWNER'S MANUALS** - Many products come with an owner's manual with a location to record the model and serial number of the item. This is a good source of documentation because it has all the information on the item minus the purchase information. A suggestion is to write where you bought it, the date and what you paid in the same area as the model and serial number. Staple the receipt at the same location. This can also be helpful if you need to claim an adjustment against the warranty.
- **DESCRIPTION OF ITEM(S)** - If all else fails, a detailed description of the item(s) will allow us to contact the manufacturer or retailer to determine the age and value of the item(s). The more information we have, such as features, size, and color, will allow us to make a fair evaluation of the value of the item(s).

ALL the above suggestions are beneficial to you, as well as us, in the event of a loss and resulting claim. Once you present a claim, it is your responsibility to properly document your loss. We have a duty to help you and work with you to establish reasonable and fair values to use toward the resolution of your claim.

INSURED NAME	CLAIM NUMBER
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This side to be completed by INSURED (Customer)

This side to be completed by Safeco

	DESCRIPTION (MAKE, MODEL, COLOR, SIZE)	WHERE PURCHASED	REPLACEMENT SOURCE					
1	PURCHASE PRICE \$	DATE PURCHASED						
	PROOF OF OWNERSHIP? <input type="checkbox"/>							
			USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
2	PURCHASE PRICE \$	DATE PURCHASED						
	PROOF OF OWNERSHIP? <input type="checkbox"/>							
			USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
3	PURCHASE PRICE \$	DATE PURCHASED						
	PROOF OF OWNERSHIP? <input type="checkbox"/>							
			USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
4	PURCHASE PRICE \$	DATE PURCHASED						
	PROOF OF OWNERSHIP? <input type="checkbox"/>							
			USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
5	PURCHASE PRICE \$	DATE PURCHASED						
	PROOF OF OWNERSHIP? <input type="checkbox"/>							
			USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
6	PURCHASE PRICE \$	DATE PURCHASED						
	PROOF OF OWNERSHIP? <input type="checkbox"/>							
			USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
CUSTOMER'S SIGNATURE			SUBTOTAL					
Page ____ of ____			TOTAL					
ADJUSTER								

For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.