



PROOF OF CLAIM FORM

Preparer: _____

Claimant: _____

Relationship to Claimant: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____

Alternate Phone: _____

Email Address: _____

This claim is being made on behalf of () self, () firm, () government entity, as follows:

Claim Amount: \$_____ Date of Loss/Occurrence:_____ Bond #: _____

Bond Principal's Name: _____

The claim is based upon the following facts (please attach additional pages, if needed):

Attached hereto are the documents supporting the claim (see next page for suggested list).

The foregoing information is furnished to the surety in support of claimant's claim and it is understood that the furnishing of this form or the acceptance and/or retention thereof by the surety does not constitute a waiver of any of the terms of the surety's bond nor of any defenses the surety may have nor an admission of liability thereunder.

I declare under penalty of perjury that the information contained on this form is true and correct to the best of my knowledge and belief on this _____ day of _____, 20____.

Claimant Signature: _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me (Notary Public name) _____
this _____ day of _____, 20____, by (name of person making statement)
_____.

(Notary Public Signature)

(SEAL)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

DOCUMENTS REQUESTED

1. All contracts, contract modifications, change orders, and other agreements.
2. All cancelled checks (front and back) or credit card charges reflecting all payments made and an account history reflecting all billings and payments.
3. Any permits, job inspection reports, preliminary lien notices, liens, stop notices or any other notices concerning the claim.
4. All bids, estimates, proposals, expert reports, contracts or other written documents concerning the repair or completion of the project.
5. All correspondence to or from the principal, or any other person or entity, along with attachments, concerning this claim.
6. Any assignments whereby you assigned your rights to this claim to another entity or person.
7. All relevant pleadings, including citations, judgments, arbitration or mediation awards, complaints, answers, responses to licensing board, finding of facts, or any other documentation of this nature.
8. Any other paperwork in your possession that you believe is important to explain and/or support your claim.

INSTRUCTIONS

Please submit any and all documentation pertaining to your claim via the following methods:

Email: surety.claims@accredited-inc.com

Fax: 407-629-4553

Overnight Mail: Accredited Surety and Casualty Company, Inc.
Attn: Claims Department
4798 New Broad Street, Ste. 200
Orlando, FL 32814

Regular Mail: P.O. Box 140854, Orlando, FL 32814-0854

If you have any questions, email the above address referenced or call during our regular business hours of 8:00am – 5:00pm EST Monday through Friday (888) 668-2791 or (407) 629-2562.

FRAUD NOTICES: For your protection some states require that the following notices appear on this form – see following two pages.

Alaska: 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: 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: 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.

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.

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

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

Hawaii: 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.

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

Indiana: 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: 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: 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.

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

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 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.

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

New Mexico: 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.

New York: 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.

Ohio: 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: 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: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania: 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.

Tennessee: 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.

Texas: 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.

Virginia: 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.

Washington: 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.

West Virginia: 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.