



Claims Checklist

Please notify your Agent or DFS Insurance as soon as a loss is discovered.

All claim requests must have the following items completed. Authorization for repairs cannot be given without DFS Insurance receiving each item. Please send all items at once for fastest service.

Enclose:

- Sworn Statement in Proof of Loss
- Detailed Repair Estimate
- Photos of Damage
- Lightning Affidavit (only required for lightning claims)
- Copy of Police Report (only required for theft or vandalism claims)
 - Theft and vandalism are excluded losses under Stated Value Policies

Please remember:

- You are responsible for repairs made without prior approval from DFS Insurance.
- Claims must be reported within 90 days from the date of loss.

Please call [800.444.3584](tel:800.444.3584) or email claims@dfsfin.com with any questions.



IMPORTANT CLAIMS PROCEDURES

- Your agent **must** be notified of any loss within 90 days from the date of the loss.
- Any repairs made without authorization from DFS Insurance will not be paid.

Please provide the following for claim processing:

- **Sworn Statement in Proof of Loss:** Complete and sign.
- **Itemized repair estimate:** Contact any DFS Insurance authorized dealer to prepare a detailed repair estimate. For a list of authorized dealers, please call 800.444.3584.
- **Photos of any visible damage:** Photos must clearly show the condition of the system and damage incurred.
- **Lightning Affidavit:** For lightning claims only. The inspector must complete and sign the form.
- **Sheriff's Report:** For theft or vandalism claims only. Theft and vandalism are excluded losses on Stated Value Policies.

Email: claims@dfsfin.com
Phone: (800) 444-3584
Address: DFS Insurance
14010 FNB Pkway
Suite 400
Omaha, NE 68154

Do not repair any damages before repair is authorized by DFS Insurance. You are responsible for any repairs made without prior approval of DFS Insurance.



Sworn Statement in Proof of Loss

Claims must be received within 90 days of the date of loss.
Items in **bold** and signature are required

Policy Number: _____

Name of Insured: _____

Property Damaged: _____

Serial Number: _____ **Make:** _____

Location of Loss: _____

Cause of Loss & Damage: _____

Date of Loss: _____ **County:** _____ **State:** _____

Other insurance? Yes No If yes, name of company: _____

Mortgagee or lienholder: _____

The amount of coverage on the insured property at the time of loss: _____

Total estimated repair cost to the described property at the time was: _____

Less amount of deductible: _____

Amount Claimed: _____

Please Note: No payment will be made based on an estimate. Payment will be made only after the item has been repaired and we have received the final invoice. 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.

Signature of Insured

Date