



## 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 from Authorized Dealer
- Photos of Damage
- Lightning Affidavit (only required for lightning claims)
- Copy of Sheriff's Report (only required for theft or vandalism claims)

### 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](mailto:claims@dfsfin.com) with any questions here.



## 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 to obtain authorization:

- **Sworn Statement in Proof of Loss:** Complete and sign.
- **Itemized repair estimate:** Contact any DFS Insurance authorized dealer to prepare a detailed repair estimate. (See note below)
- **Photos of any visible damage:** Photos must clearly show the condition of the system and damage incurred.
- **Lightning Affidavit:** For lightning claims only. Please have repairing dealer complete and sign.
- **Sheriff's Report:** For theft or vandalism claims only. Theft and vandalism are excluded losses on Stated Value Policies.

**Email:** [claims@dfsfin.com](mailto:claims@dfsfin.com)  
**Phone:** (402) 964-8131  
**Address:** DFS Insurance  
14010 FNB Pkway  
Suite 400  
Omaha, NE 68154

For questions, please call 1 (800) 444-3584.

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.

Note: For a list of dealers authorized by DFS Insurance to provide repair estimates, please contact us at 1-800-444-3584.



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 unit 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