PREFERRED MUTUAL INSURANCE COMPANY

One Preferred Way, New Berlin, New York 13411 (607) 847-6161 FAX (607) 847-6616

POLICYHOLDER'S NOTICE OF THEFT

Claim Number:

Name	Name			
Phone	Phone			
Occupation	Occupation			
Have you had a prior, theft, holdup, or burglary claim?	If yes, Insurance company who insured PRIOR LOSS			
yes □ no □	-			
Describe prior loss:				
	Amount paid:			
If you have any other theft, holdup, or all-risk Insura	ance, please give details:			
Date of Loss: Police Dept. Notified (REQUIRED)? Date Reported to Police:				
yes □ no □				
	Place where loss occured:			
Describe What Happened:				
Any suspects? Explain				
Any suspects? Explain				
Any suspects? Explain Describe damage to premises:				

LOSS DETAILS							
Complete Description of Item	Purchased From If Gift, list Donor (Need name and address)	Date of Purchase	Payment Method (cash, check, or charge)	If charge, card or account number and type	Your Original Cost	Current Cost	For Company Use Only
CONCEALM	ENT OR FRAUD.	· · · · · · · · · · · · · · · · · · ·					
We do not provide coverage for any insured who has intentionally concealed or misrepresented any material fact or circumstance relating to this insurance.							

Signature of policyholder	Date		
Signature of policyholder	Date		

"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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."