



PROPERTY DAMAGE CLAIM FORM

1. Name _____

2. Address _____

3. Telephone: Day: _____ Evening: _____ Cell: _____

4. Check type of claim: Auto Damage _____ Property Damage _____ Other _____

Date and time of incident: _____

5. Below, explain the circumstances of the incident for which you are claiming property damage. Please include the location of the alleged incident.

6. What is the total dollar amount in property damage that you are claiming? \$_____

7. Is this amount for REPAIR or REPLACEMENT of the property? (Please circle one.)

8. What was the age and general condition of the property prior to the alleged incident?

9. Property damage estimates or receipts must be submitted and attached to this form in order to process your claim. List the total of the estimates or receipts and the name of the vendor. Indicate whether each amount listed relates to an estimate or receipt by circling the appropriate word below.

a. \$_____ Vendor _____ ESTIMATE or RECEIPT

b. \$_____ Vendor _____ ESTIMATE or RECEIPT

10. Is this the only claim that you have submitted to Beehive Insurance or Geneva Rock Products? _____

If "no," list all other claims you have submitted, including for each claim the date of submittal, the type of claim, the amount of the claim and the final disposition of the claim.

11. Do you have insurance on the damaged property? _____

a. If "yes," list the name, address and telephone number of your insurance company and/or agent and your insurance policy number. Attach a copy of the statement of applicable coverage for the damaged property.

b. Have you submitted a claim to your insurance? _____ If "yes," when? _____

c. Does your insurance cover this claim? _____ If "no," attach a letter from your insurance carrier indicating the lack of coverage.

d. What is your deductible? \$ _____

e. Have you received any insurance for this accident? _____
If "yes," how much? \$ _____

f. Has any vendor received any insurance payment on your behalf for this accident? ____
If "yes," how much? \$ _____

I, the undersigned, do affirm the truthfulness and accuracy of the information above and that attached hereto is the support of this claim against Geneva Rock Products and Beehive Insurance for property damage. I understand that I have an obligation to inform these entities of any insurance payments made to me or to any vendor on my behalf for this incident.

I also affirm that I have received and read the provided information on Insurance Fraud and I am aware that any known misrepresentation of fact can result in possible criminal prosecution whether or not I received any payment or benefit from this claim.

Claimant: _____ Date: _____
(signature)

(printed name)

**Please return completed form with necessary documentation to:
Beehive Insurance, Attention Stuart Clark, 730 North 1500 West, Orem UT 84057**

FRAUD WARNING

(1) A person commits a fraudulent insurance act if that person with intent to deceive or defraud:

(a) knowingly presents or causes to be presented to an insurer any oral or written statement or representation knowing that the statement or representation contains false, incomplete, or misleading information concerning any fact material to an application for the issuance or renewal of an insurance policy, certificate, or contract;

(b) knowingly presents or causes to be presented to an insurer any oral or written statement or representation as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy, certificate, or contract, or in connection with any civil claim asserted for recovery of damages for personal or bodily injuries or property damage, knowing that the statement or representation contains false, incomplete, or misleading information concerning any fact or thing material to the claim;

(c) knowingly accepts a benefit from the proceeds derived from a fraudulent insurance act;

(d) assists, abets, solicits, or conspires with another to commit a fraudulent insurance act;

(e) knowingly supplies false or fraudulent material information in any document or statement required by the department; or

(f) knowingly fails to forward a premium to an insurer in violation of Section 31A-23a-411.1 .