



Program administered by Lockton Affinity, LLC

(888) 202.1526

PPAClaims@LocktonAffinity.com

Thank you for participating in the PPA Insurance Solutions program. We are sorry you are dealing with a claim. To make the process easier, we have compiled a list of requirements.

Please note: Failure to complete and return the signed, sworn Statement of Loss, Damage and Repairs form and supporting documents within 60 days from the date of discovery of loss will invalidate any claim under this policy. Please refer to the "What Must Be Done in Case of a Loss" section of your policy for a list of your duties after loss.

PhotoCare & PhotoCare Plus Claim Document Requirements

Compile the following and send to PPAClaims@LocktonAffinity.com or P.O. Box 410679, Kansas City, MO 64141.

☐ **Statement of Loss, Damage and Repairs form** — Found on page 2, please complete in detail with legible signature.

☐ **Schedule of Photographic and Related Equipment Loss form** — Found on page 7, please complete in detail and provide an answer for each category.

☐ **Proof of Ownership** — For the items claimed, you must include at least one proof of ownership with your submission. Acceptable examples include:

- Purchase receipts or invoices
- Credit card statements
- Cancelled checks
- Pre-loss repair invoices
- Maintenance records
- Proof of gift or inheritance

☐ **File with Additional Insurance First** — You must first settle with any other applicable insurance and provide:

- Details of your other property insurance on the Statement of Loss, Damage and Repairs form starting on page 3.
- Documentation from your insurance company showing the amount paid for your photo equipment.
- A copy of your declaration page with the deductible indicated from your homeowners, renters or other property insurance.

☐ **Police or Fire Report** (if applicable) — If the cause of loss is a crime, you must provide an original copy of the police or fire report that includes:

- The specific make and model for each piece of photo equipment claimed
- A statement indicating whether the vehicle was locked or unlocked at the time of the theft (If the theft occurred from a vehicle)

☐ **Itemized Estimate of Repairs** — Scan and email the technician's repair estimate for your damaged photo equipment. If the equipment is a total loss, please indicate this on the estimate with names and contact numbers of repair technician(s). Pictures, of the damaged equipment, are required on all items that are a total loss.

Statement of Loss, Damage & Repairs

Insured name_____ Membership number_____

Mailing address_____

City_____ State_____ ZIP_____

Phone_____ Email_____

Date of loss or damage _____

Location where loss occurred_____

State_____ ZIP_____

Interest

The property claimed in this loss belonged solely to _____
at the time of the loss and no other person held any lien or interest.

☐ Owned ☐ Rented ☐ Leased

Describe how your property was damaged or stolen (attach additional information if needed).

Theft & Fire Loss

Please complete the appropriate information below based on the police or fire department report.

Police or fire department _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Case number _____

If theft from a vehicle, was the vehicle locked at the time?

☐ Yes, vehicle was locked

☐ No, vehicle was not locked

Additional Insurance

The PPA Camera and Accessories Coverage policy is excess of any other insurance that may cover the claimed items. Accordingly, you must provide the detailed information requested below to properly document your claim.

If any items being claimed are covered by other insurance, you must supply documentation from your insurance company which shows the amount paid for each claimed item as well as any applicable deductible(s). It should be noted that all information provided regarding your property insurance will be verified by an independent insurance database.

Residence

☐ Own ☐ Rent ☐ Neither own nor rent

Did you have homeowners and/or renter's insurance in place on the date of the loss?

☐ Yes ☐ No

If yes, please provide the following and attach a copy of your policy:

Insurance company _____ Phone _____

Address _____

Policy number _____ Claim number _____

Business Insurance

Did you have business owner's insurance in place on the date of loss?

☐ Yes ☐ No

If yes, please provide the following and attach a copy of your policy:

Insurance company _____ Phone _____

Address _____

Policy number _____ Claim number _____

Other

Did you have any other property insurance in place on the date of loss not described above?

☐ Yes ☐ No

If yes, please provide the following and attach a copy of your policy:

Insurance company _____ Phone _____

Address _____

Policy number _____ Claim number _____

THE SAID LOSS WAS NOT CAUSED BY DESIGN OR PROCUREMENT ON MY PART. NOTHING HAS BEEN DONE BY OR WITH MY CONSENT TO VIOLATE THE CONDITIONS OF THE POLICY. NO ARTICLES ARE MENTIONED HEREIN OR IN ANNEXED SCHEDULE BUT SUCH AS WERE INVOLVED IN THE LOSS AND INSURED UNDER THIS POLICY AND NO ATTEMPT TO DECEIVE THE SAID INSURERS AS TO THE EXTENT OF THE LOSS HAS IN ANY MANNER BEEN MADE.

IN CONSIDERATION OF THE PAYMENT TO BE MADE I HEREBY SUBROGATE TO SAID INSURERS ALL MY RIGHTS, TITLE IN CASE OF ANY RECOVERY OF THE PROPERTY FOR WHICH CLAIM IS BEING MADE HEREUNDER. I ALSO AGREE TO TURN OVER TO SAID INSURERS, ANY SUCH RECOVERY WHICH MAY BE MADE, OR REIMBURSE SAID INSURERS IN FULL TO THE EXTENT OF THE PAYMENT FOR SUCH PROPERTY WHICH MAY BE RECOVERED.

ANY OTHER INFORMATION THAT MAY BE REQUIRED WILL BE FURNISHED ON CALL AND CONSIDERED A PART OF THIS STATEMENT OF LOSS. FURNISHING OF THIS STATEMENT OF LOSS IS NOT A WAIVER OF ANY RIGHTS OF SAID INSURERS.

FAILURE TO COMPLETE AND RETURN THE STATEMENT OF LOSS ALONG WITH ALL OF THE REASONABLY OBTAINABLE SUPPORTING CLAIM DOCUMENTS WITHIN 60 DAYS FROM THE DATE OF DISCOVERY OF THE LOSS SHALL INVALIDATE ANY CLAIM UNDER THIS POLICY.

Signature

Date

FRAUD NOTICE

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, PENNSYLVANIA, TENNESSEE, VIRGINIA, AND WEST VIRGINIA: Any person who knowingly and with intent to defraud any insurance company or another 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, subject to criminal prosecution and any substantial civil penalties. In LA, ME, TN and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison.

APPLICABLE IN 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

APPLICABLE IN THE 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.

APPLICABLE IN FLORIDA: Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud or deceive any insurer or insured, prepares, presents or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083 or S. 775.084, Florida Statutes.

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

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE: Any person who, with 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.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

Schedule of Photographic and Related Equipment Loss					
Make	Model	Category (Camera, lens, computer hardware, other equipment)	Purchase date	Purchase price	Proof of purchase (If yes, please attach)