

Key Replacement Proof of Loss

Claim No.: _____

Name _____ Member No. _____

Address _____

City _____ State _____ Zip Code _____

Date of Loss _____ Original Selling Dealership _____

Cause of Loss _____

[if damaged, you must provide us with the damaged key(s)]

Give a brief description of the facts and circumstances surrounding the loss/damage of the key(s) _____

Date Vehicle Purchased _____ Number of keys at time of purchase _____

Is key damage covered under your vehicle warranty? _____

Any person who knowingly, and with intent to defraud, files a statement of claim containing any false or misleading information may be guilty of fraud, and may face criminal penalties in accordance with state law.

I hereby swear and/or affirm that the answers provided herein are true and correct.

Signature of Contract Holder: _____ Date: _____

**Return all documentation to:
Claim Center
800 Yamato Road, Suite 100
Boca Raton, FL 33431
561-226-3600**