GOVERNMENT OF PUERTO RICO

Office of the Insurance Commissioner

REAL LEGACY ASSURANCE COMPANY IN LIQUIDATION

Control No.: _____

Date Received: _____

For Office Use	

UNEARNED PREMIUM CLAIM FORM

INSTRUCTIONS

The claim form must be completed legibly and completely. If you need additional space, you may use a separate sheet of paper and attach it to the claim form. You must include all the documents that are requested as evidence of your claim. It is the claimant's responsibility to update the information provided, including change of address, telephone, or e-mail. It must be signed by the person filing the claim (insured, claimant, or creditor), signed before a notary public and filed on or before the deadline. All forms sent by mail will have the postmark as the filing date. In addition, it is suggested you keep a copy of the claim form for your records. You may file the claim form in person at the facilities of the insurer in liquidation located at: Metro Office Park, Lot 1, 2nd floor, Guaynabo Puerto Rico or by mail to PO BOX 71467, San Juan, Puerto Rico 00936-8567. For more information or questions call 787 273- 7828 and ask for the Claims Department.

Person who claims (Mark one): Insured ☐ **Claimant** ☐

1 Name of Insured | Initial or middle name | Father's last name | Mother's last name

2 Insured's Mailing Address:

3 Res. Tel.: Work Tel.. Email:

4 Name of Representative or Claimant:

5 :Mailing Address

6 Representative's and/or Claimant's Telephone:

7 Policy Number: Premium Paid:

8 Date of Effect: Month Day Year Expiration Date: Month Day Year

9 Coverage period the premium applies to:

10 To whom was the premium paid?

(Name of person, entity, or finanacial institution)

11 Payment Method:

(Cash, check, or financing)

12 Name and address of agent or broker:

13 Agent's or broker's telephone: 14 What insured your policy?

Auto, Residence, Public Liability, etc.

15 Unearned Premium amount claimed:

16 Date of claim for unearned premium Month Day Year

17 Date of cacncellation of insurance with Real Legacy Assurance Co. Month Day Year

18 Name of New Insurer:

19 Name and address of Agent or Broker who transacted the new insurance:

20 Premium paid on new insurance:

21 Date of Effect Month Day Year Expiration Date: Month Day Year

22 If you filed any claim with Real Legacy Assurance Company or another person or entity regarding the Unearned Premiums being claimed now, indicate dates filed, to whom they were addressed, and the results of the actions taken.

_____

Signature of Insured/Claimant

Certified to be an exact and true translation from the original text in Spanish to the target language English.
09/FEBRUARY/2019 / Pura Reyes Gilestra / ATA #244668 / NAJIT #3449
Translations & More: 787-637-4906

AFFIDAVIT: _____

SWORN AND SIGNED BEFORE ME, by _____, of legal age, _____ and a resident of _____, Puerto Rico, whom I ATTEST to know personally or identified with: _____.

In _____, Puerto Rico, today, _____, 2019.

_____
NOTARY PUBLIC

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