



**BUCKEYE INSURANCE CLAIM FORM
C/O NATION SAFE DRIVERS**

800 YAMATO ROAD STE 100 • Boca Raton, FL 33431
800-338-2680

NOTE: CLAIMS WILL BE DENIED IF NOT SUBMITTED WITHIN 60 DAYS FROM THE DATE OF LOSS

POLICY NUMBER: _____ EFFECTIVE DATE OF POLICY: _____

NAMED INSURED'S: _____ TELEPHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IN ORDER TO PROCESS YOUR CLAIM, THE FOLLOWING INFORMATION MUST BE PROVIDED:

TYPE OF CLAIM TOWING ROADSIDE LOCKOUT OTHER

DATE OF LOSS: _____ YEAR/MAKE/MODEL OF VEHICLE: _____

CAUSE OF DISABLEMENT: _____

TOWED TO: _____

TOWED FROM: _____

IN ORDER TO PROCESS YOUR CLAIM, ALL PAPERWORK IS REQUIRED ON ALL CLAIMS.

TOWING CLAIMS

- (X) CLAIM FORM
- (X) ORIGINAL PAID TOWING BILL
- (X) COPY OF VEHICLE INSURANCE COMPANY DECLARATION PAGE

Name and Address of Service or Towing Station MUST be shown on bill.

I hereby certify that to the best of my knowledge, the enclosed information is complete and accurate. I further agree that such payment, whether in account or otherwise, will be a complete discharge to underwriters.

X _____ DATE
SIGNATURE OF INSURED

RETURN TO:

NATION SAFE DRIVERS
800 YAMATO ROAD STE 100
BOCA RATON, FL 33431
buckeyeroadside@nationsafedrivers.com