



**BUCKEYE INSURANCE GROUP CLAIM FORM**  
C/O NATION SAFE DRIVERS  
800 YAMATO ROAD STE 100 | Boca Raton, FL 33431  
855-237-3823

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

POLICY NUMBER \_\_\_\_\_ EFFECTIVE DATE OF POLICY \_\_\_\_\_  
INSURED'S NAME \_\_\_\_\_ 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  
(X) 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 \_\_\_\_\_  
SIGNATURE OF MEMBER DATE

**RETURN TO:**  
NATION SAFE DRIVERS  
800 YAMATO ROAD STE 100  
BOCA RATON, FL 33431  
FAX 561-226-3613