



Holmes Murphy
 13810 FNB Parkway Ste. 300
 Omaha, NE 68154
 800-736-4327 ext. 4194
 Fax 800-328-0522

**Fraternity/Sorority
 Member Accident Protection
 Program (MAPP)
 Claim Form**

Instructions for Filing a Claim

Member Coverage Information and Initial Claim Reporting Call Holmes Murphy at 800-736-4327

Complete this form (including the appropriate signatures) and submit the completed form to

MAPP@holmesmurphy.com

fax 800-328-0522

In order to pay claims, we must have your Social Security Number

Part 1 – INJURED MEMBER REPORT

Name of (Inter)national Fraternity/Sorority Alpha Epsilon Pi		College or University Where Chapter is Located			Policy Number 4102AH302506-12
Name of Injured Person	Social Security Number (Required)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Member's Email Address Parent's Email Address	
Injured Person's Permanent Mailing Address		City	State	Zip	Member Cell Number Parent's Cell Number

CLAIM INFORMATION

1. Date and time of the accident: _____

2. Place where the accident occurred: _____

3. Nature of injury: _____
 (Indicate Part of Body Injured – e.g. broken arm, sprained ankle, etc.)

4. Describe how the accident occurred – give all possible details – must be a bodily injury due to accident:

5. Did the accident occur?

A. During a fraternity organized activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. On fraternity owned or leased property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. While on the job (if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. During intercollegiate/scholastic athletic practice or competition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. During a university or college sponsored activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Are you currently enrolled in the university or college where your chapter is located?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. If the injury occurred during a Fraternity sponsored Event, Please provide the name and location of the Event: _____

LOSS PAYEE

All providers are initially paid in full. Upon final payment to providers, remaining funds will be issued payable to the payee indicated below and mailed to the address provided below.

Name:

Relationship to Claimant:

Address:

Phone:

Email:

Please Note

In furnishing this or other claim forms for the convenience of the claimant, the MARKEL INSURANCE COMPANY does not admit any liability or waive any rights. MARKEL INSURANCE COMPANY reserves the right to ask for other information if it is deemed necessary. All expenses incurred in connection with furnishing the necessary proof of loss are the responsibility of the covered person.

FRAUD STATEMENTS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.

Applicable in AL, AR, LA, MD, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

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

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 DE and ID Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Applicable to DC Residents: 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. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in IN: 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 KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in ME, TN, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in MN: 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 NH: Any person who, with a 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 NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in NY and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in OH: Any person who, with intent to defraud or knowing that he 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 OK: 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 OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application or by filing a claim containing a false statement as to any material fact may be violating state law.

Applicable in TX: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in VA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.