



FLORIDA DEPARTMENT OF FINANCIAL SERVICES

HOLOCAUST INSURANCE CLAIM FORM INSTRUCTION SHEET

IN COMPLETING THE CLAIM FORM, PLEASE EITHER TYPE OR PRINT CLEARLY IN CAPITAL LETTERS, USING EITHER BLUE OR BLACK INK. YOUR COMPLETED CLAIM FORM SHOULD BE SENT TO:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
LYNN H. GROSSMAN
DIVISION OF LEGAL SERVICES
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-4160

PART 1: CLAIMANT INFORMATION

SECTION I – PERSONAL INFORMATION

PLEASE FILL OUT THIS SECTION COMPLETELY AND ACCURATELY; OTHERWISE THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES AND THE HOLOCAUST CLAIMS PROCESSING OFFICE (HCPO) MAY NOT BE ABLE TO CONTACT YOU ABOUT YOUR CLAIM.

SECTION II – ALTERNATE CONTACT

IN THE EVENT THAT WE ARE UNABLE TO REACH YOU, PLEASE PROVIDE DETAILS REGARDING SOMEONE ELSE WE COULD CONTACT. WE WILL NOT CONSIDER THIS PERSON AS YOUR LEGAL OR OTHER REPRESENTATIVE UNLESS YOU IDENTIFY THIS CONTACT PERSON AS SUCH IN PART 1, SECTION III – CLAIMANT REPRESENTATIVE INFORMATION – OF THIS FORM.

SECTION III – CLAIMANT REPRESENTATIVE INFORMATION

WHERE THE PERSON SUBMITTING THE CLAIM IS A REPRESENTATIVE OF THE CLAIMANT AND NOT SOMEONE ENTITLED TO INHERIT THE POLICY'S PROCEEDS, THIS SECTION MUST BE FILLED OUT. **WRITTEN AND NOTARIZED AUTHORIZATION OR A POWER OF ATTORNEY FROM THE CLAIMANT PROVIDING AUTHORIZATION TO THE NAMED REPRESENTATIVE MUST BE INCLUDED.** ALL INFORMATION REGARDING THE CLAIMANT (THE INDIVIDUAL WHO HAS GRANTED THE POWER OF ATTORNEY OR OTHER AUTHORIZATION) MUST STILL BE PROVIDED IN PART 1, SECTION 1 – PERSONAL INFORMATION – OF THIS FORM.

SECTION VI – PREVIOUS COMPENSATION

PLEASE INDICATE WHETHER YOU OR ANY OTHER INDIVIDUALS WHO ARE ENTITLED TO PROCEEDS FROM THE CLAIMED INSURANCE POLICY(IES) HAS EVER RECEIVED ANY TYPE OF PAYMENT FOR THE POLICY(IES) LIST IN THIS CLAIM FORM. IF PAYMENT HAS BEEN RECEIVED PLEASE NOTE THE COMPANY/ORGANIZATION THAT ISSUED PAYMENT.

ALL **BEG** (THE BUNDESENTSCHÄDIGUNGSGESETZ) DECISIONS ARE REGARDED IN GERMAN LAW AS FINAL, EITHER BECAUSE THEY WERE NOT CHALLENGED IN COURT OR BECAUSE THEY WERE AFFIRMED OR ALTERED BY A COURT; THEREFORE IF YOU APPLIED TO THE BEG PLEASE INDICATE WHETHER ANY PAYMENT WAS SPECIFICALLY RELATED TO YOUR INSURANCE CLAIM. WE WILL THEN DETERMINE WHETHER YOU ARE ELIGIBLE TO RECEIVE ANY FURTHER PAYMENT.

SECTION IV – OTHER HEIRS OF THE POLICYHOLDER

IF YOU ARE AWARE OF ANY OTHER INDIVIDUALS WHO ARE ENTITLED TO PROCEEDS FROM THE CLAIMED INSURANCE POLICY(IES), PLEASE LIST THEIR CONTACT DETAILS IN THIS SECTION. IF THE ONLY OTHER HEIR IS YOUR SIBLING(S) AND YOU HAVE ALREADY LISTED HIS/HER CONTACT DETAILS UNDER PART 7 (CHILDREN OF THE POLICYHOLDER), THERE IS NO NEED TO COMPLETE THIS SECTION.

SECTION V - PREVIOUS CLAIMS MADE FOR HOLOCAUST-ERA INSURANCE POLICIES

PLEASE IDENTIFY ANY PREVIOUS CLAIMS TO HOLOCAUST-ERA INSURANCE POLICIES THAT YOU OR YOUR FAMILY MEMBERS HAVE MADE TO ANY INSURANCE COMPANY, GOVERNMENT BODY, OR ORGANIZATION, INCLUDING ASSICURAZIONI GENERALI S.P.A. - POLICY INFORMATION CENTER AND/OR THE GENERALI TRUST FUND, THE AUSTRIAN GENERAL SETTLEMENT FUND, THE CLAIMS RESOLUTION TRIBUNAL, HOLOCAUST FOUNDATION FOR INDIVIDUAL INSURANCE CLAIMS, AND THE INTERNATIONAL COMMISSION ON HOLOCAUST ERA INSURANCE CLAIMS. PLEASE NOTE THE CLAIM NUMBER ASSIGNED TO YOUR CASE WHERE POSSIBLE.

PART 2: POLICYHOLDER

THIS SECTION REQUESTS ALL INFORMATION KNOWN ABOUT THE PERSON WHO PURCHASED THE POLICY(IES). THIS INDIVIDUAL IS REFERRED TO AS THE "POLICYHOLDER". THE

POLICYHOLDER IS THE GUARANTEE AND HE/SHE WILL BE THE PERSON WHO WILL PAY FOR THE POLICY.

PLEASE INDICATE THE FULL NAME OF THE POLICYHOLDER AND ANY OTHER NAMES HE/SHE MAY HAVE USED, SUCH AS ALIASES. PLEASE WRITE THE NAME AS IT WOULD APPEAR ON AN OFFICIAL DOCUMENT SUCH AS AN INSURANCE POLICY.

IN ORDER TO INVESTIGATE YOUR CLAIM AS THOROUGHLY AS POSSIBLE AND TO FACILITATE THE EXPEDITIOUS RESOLUTION OF YOUR CLAIM WE WILL NEED AS MUCH INFORMATION AS YOU CAN PROVIDE ABOUT THE PERSON YOU BELIEVE IS THE POLICYHOLDER.

IF POSSIBLE, PLEASE PROVIDE COPIES OF ANY DOCUMENTS THAT YOU MAY HAVE RELATING TO THE POLICYHOLDER, FOR EXAMPLE, CORRESPONDENCE WITH THE POLICYHOLDER, BIRTH, MARRIAGE, DEATH CERTIFICATES OR ANY OTHER FORM OF IDENTIFICATION.

PLEASE PROVIDE ANY INFORMATION YOU HAVE ABOUT THE POLICYHOLDER'S CITIZENSHIP/NATIONALITY. IF THE POLICYHOLDER HAD MORE THAN ONE CITIZENSHIP, LOST HIS/HER CITIZENSHIP, OR WAS A NATIONAL OF MORE THAN ONE COUNTRY, PLEASE LIST EACH CITIZENSHIP/NATIONALITY.

PLEASE INDICATE THE DATE AND PLACE OF THE POLICYHOLDER'S BIRTH AND DEATH AS ACCURATELY AS POSSIBLE.

IN ADDITION, IF THE POLICYHOLDER WAS MARRIED PLEASE PROVIDE DATES AND PLACES OF THE POLICYHOLDER'S MARRIAGE. IF THE POLICYHOLDER WAS MARRIED MORE THAN ONCE PLEASE ALSO INCLUDE THIS INFORMATION.

PLEASE PROVIDE ANY INFORMATION YOU HAVE ABOUT THE POLICYHOLDER'S OCCUPATION OR PROFESSION, INCLUDING THE NAME(S) OF ANY BUSINESS(ES) THAT WAS OWNED IN WHOLE OR IN PART BY THE POLICYHOLDER.

KINDLY PROVIDE ANY INFORMATION YOU HAVE REGARDING THE POLICYHOLDER'S PLACES OF RESIDENCE, OUTSIDE THE UNITED STATES, UP UNTIL MAY 1945. WHERE POSSIBLE PLEASE INCLUDE SPECIFIC ADDRESSES.

PLEASE NOTE THE CLAIMANT'S RELATIONSHIP TO THE POLICYHOLDER - CHILD, GRANDCHILD, BROTHER, SISTER, NIECE, NEPHEW, HEIR BY WILL, ETC. - AND INCLUDE ANY AVAILABLE DOCUMENTATION YOU MIGHT HAVE TO CONFIRM THIS RELATIONSHIP, FOR EXAMPLE, BIRTH, MARRIAGE, OR DEATH CERTIFICATES.

PART 3: INSURED

THIS SECTION REQUESTS ALL INFORMATION KNOWN ABOUT THE PERSON WHO WAS PROTECTED UNDER THE POLICY(IES). THIS INDIVIDUAL IS REFERRED TO AS THE "INSURED". THERE IS A DIFFERENCE BETWEEN THE INSURED AND THE POLICYHOLDER (THE OWNER OF THE POLICY), ALTHOUGH THE

OWNER AND THE INSURED ARE OFTEN THE SAME PERSON. THE INSURED IS A PARTICIPANT IN THE CONTRACT, BUT NOT NECESSARILY A PARTY TO IT. THE INSURED IS ANY PERSON, FIRM, OR ORGANIZATION OR ANY OF ITS MEMBERS SPECIFICALLY DESIGNATED AS COVERED BY AN INSURANCE POLICY

IF THE CLAIMANT OR THE POLICYHOLDER IS/WAS THE INSURED IT IS NOT NECESSARY TO COMPLETE THIS SECTION.

PLEASE INDICATE WHETHER THE INSURED IS/WAS THE SPOUSE OR CHILD OF THE POLICYHOLDER.

PLEASE INDICATE THE FULL NAME OF THE INSURED AND ANY OTHER NAMES HE/SHE MAY HAVE USED, SUCH AS ALIASES. PLEASE WRITE THE NAME AS IT WOULD APPEAR ON AN OFFICIAL DOCUMENT SUCH AS AN INSURANCE POLICY.

IN ORDER TO INVESTIGATE YOUR CLAIM AS THOROUGHLY AS POSSIBLE AND TO FACILITATE THE EXPEDITIOUS RESOLUTION OF YOUR CLAIM WE WILL NEED AS MUCH INFORMATION AS YOU CAN PROVIDE ABOUT THE PERSON YOU BELIEVE IS THE INSURED.

IF POSSIBLE, PLEASE PROVIDE COPIES OF ANY DOCUMENTS THAT YOU MAY HAVE RELATING TO THE INSURED, FOR EXAMPLE, CORRESPONDENCE WITH THE INSURED, BIRTH, MARRIAGE, DEATH CERTIFICATES OR ANY OTHER FORM OF IDENTIFICATION.

PLEASE PROVIDE ANY INFORMATION YOU HAVE ABOUT THE INSURED'S CITIZENSHIP/NATIONALITY. IF THE INSURED HAD MORE THAN ONE CITIZENSHIP, LOST HIS/HER CITIZENSHIP, OR WAS A NATIONAL OF MORE THAN ONE COUNTRY, PLEASE LIST EACH CITIZENSHIP/NATIONALITY.

PLEASE INDICATE THE DATE AND PLACE OF THE INSURED'S BIRTH AND DEATH AS ACCURATELY AS POSSIBLE.

IN ADDITION, IF THE INSURED WAS MARRIED PLEASE PROVIDE DATES AND PLACES OF THE INSURED'S MARRIAGE. IF THE INSURED WAS MARRIED MORE THAN ONCE PLEASE ALSO INCLUDE THIS INFORMATION.

KINDLY PROVIDE ANY INFORMATION YOU HAVE REGARDING THE INSURED'S PLACES OF RESIDENCE, OUTSIDE THE UNITED STATES, UP UNTIL MAY 1945. WHERE POSSIBLE PLEASE INCLUDE SPECIFIC ADDRESSES.

PLEASE NOTE THE CLAIMANT'S RELATIONSHIP TO THE INSURED - SELF, CHILD, GRANDCHILD, BROTHER, SISTER, NIECE, NEPHEW, HEIR BY WILL, ETC. - AND INCLUDE ANY AVAILABLE DOCUMENTATION YOU MIGHT HAVE TO CONFIRM THIS RELATIONSHIP, FOR EXAMPLE, BIRTH, MARRIAGE, OR DEATH CERTIFICATES.

PART 4: BENEFICIARY

THIS SECTION REQUESTS ALL INFORMATION KNOWN ABOUT THE PERSON NAMED TO RECEIVE THE PROCEEDS OR BENEFITS OF THE POLICY(IES). THIS INDIVIDUAL IS REFERRED TO AS THE "BENEFICIARY".

IF THE CLAIMANT OR THE POLICYHOLDER IS/WAS THE BENEFICIARY IT IS NOT NECESSARY TO COMPLETE THIS SECTION.

PLEASE INDICATE WHETHER THE BENEFICIARY IS/WAS THE SPOUSE OR CHILD OF THE POLICYHOLDER.

PLEASE INDICATE THE FULL NAME OF THE BENEFICIARY AND ANY OTHER NAMES HE/SHE MAY HAVE USED, SUCH AS ALIASES. PLEASE WRITE THE NAME AS IT WOULD APPEAR ON AN OFFICIAL DOCUMENT SUCH AS AN INSURANCE POLICY.

IN ORDER TO INVESTIGATE YOUR CLAIM AS THOROUGHLY AS POSSIBLE AND TO FACILITATE THE EXPEDITIOUS RESOLUTION OF YOUR CLAIM WE WILL NEED AS MUCH INFORMATION AS YOU CAN PROVIDE ABOUT THE PERSON YOU BELIEVE IS THE BENEFICIARY.

IF POSSIBLE, PLEASE PROVIDE COPIES OF ANY DOCUMENTS THAT YOU MAY HAVE RELATING TO THE BENEFICIARY, FOR EXAMPLE, CORRESPONDENCE WITH THE INSURED, BIRTH, MARRIAGE, DEATH CERTIFICATES OR ANY OTHER FORM OF IDENTIFICATION.

PLEASE PROVIDE ANY INFORMATION YOU HAVE ABOUT THE BENEFICIARY'S CITIZENSHIP/NATIONALITY. IF THE INSURED HAD MORE THAN ONE CITIZENSHIP, LOST HIS/HER CITIZENSHIP, OR WAS A NATIONAL OF MORE THAN ONE COUNTRY, PLEASE LIST EACH CITIZENSHIP/NATIONALITY.

PLEASE INDICATE THE DATE AND PLACE OF THE BENEFICIARY'S BIRTH AND DEATH AS ACCURATELY AS POSSIBLE.

IN ADDITION, IF THE BENEFICIARY WAS MARRIED PLEASE PROVIDE DATES AND PLACES OF THE INSURED'S MARRIAGE. IF THE INSURED WAS MARRIED MORE THAN ONCE PLEASE ALSO INCLUDE THIS INFORMATION.

KINDLY PROVIDE ANY INFORMATION YOU HAVE REGARDING THE BENEFICIARY'S PLACES OF RESIDENCE, OUTSIDE THE UNITED STATES, UP UNTIL MAY 1945. WHERE POSSIBLE PLEASE INCLUDE SPECIFIC ADDRESSES.

PLEASE NOTE THE CLAIMANT'S RELATIONSHIP TO THE BENEFICIARY - SELF, CHILD, GRANDCHILD, BROTHER, SISTER, NIECE, NEPHEW, HEIR BY WILL, ETC. - AND INCLUDE ANY AVAILABLE DOCUMENTATION YOU MIGHT HAVE TO CONFIRM

THIS RELATIONSHIP, FOR EXAMPLE, BIRTH, MARRIAGE, OR DEATH CERTIFICATES.

PART 5: CHILDREN OF THE POLICYHOLDER

THIS SECTION REQUESTS ALL INFORMATION KNOWN ABOUT THE BIOLOGICAL AND LAWFULLY ADOPTED CHILDREN OF THE POLICYHOLDER.

IF THE CLAIMANT IS A CHILD OF THE POLICYHOLDER, IT IS NOT NECESSARY TO COMPLETE THIS SECTION. HOWEVER, PLEASE PROVIDE INFORMATION ABOUT ANY OTHER CHILDREN OF THE POLICYHOLDER. PLEASE INCLUDE ADDITIONAL SHEETS AS NECESSARY TO LIST ALL CHILDREN OF THE POLICYHOLDER.

SHOULD ANY OF THE POLICYHOLDER'S CHILDREN BE DECEASED PLEASE LIST ANY OF THOSE INDIVIDUAL'S HEIRS UNDER PART I, SECTION IV OF THE CLAIM FORM - OTHER HEIRS OF THE POLICYHOLDER.

PART 6: WHICH INSURANCE COMPANY ISSUED THE POLICY?

PLEASE LIST THE NAME OF THE INSURANCE COMPANY THAT ISSUED THE POLICY WHICH IS BEING CLAIMED.

IF YOU DO NOT NAME A COMPANY, WE WILL PERFORM RESEARCH IN AN ATTEMPT TO ASCERTAIN FROM WHICH COMPANY THE POLICYHOLDER MIGHT HAVE PURCHASED A POLICY.

IN ADDITION, WE WILL SEND YOUR CLAIM TO ALL COMPANIES CURRENTLY IN EXISTANCE THAT COULD HAVE SOLD AN INSURANCE POLICY TO THE POLICYHOLDER DESCRIBED IN YOUR CLAIM WITH THE REQUEST THAT AN INVESTIGATION BE MADE.

IF YOU WISH TO SUBMIT A CLAIM TO MORE THAN ONE INSURANCE POLICY PURCHASED BY A SINGLE POLICYHOLDER PLEASE COMPLETE PART 2 AND PART 8 FOR EACH CLAIMED POLICY. PLEASE INCLUDE ADDITIONAL SHEETS AS NECESSARY TO LIST ALL INSURANCE POLICIES BEING CLAIMED.

IF YOU WISH TO SUBMIT A CLAIM FOR INSURANCE POLICIES PURCHASED BY DIFFERENT POLICYHOLDERS YOU MUST COMPLETE A SEPARATE CLAIM FORM FOR EACH POLICYHOLDER.

PART 7: DOCUMENTS

PLEASE INCLUDE COPIES OF ANY RELEVANT CORRESPONDENCE YOU HAD WITH THE INSURANCE COMPANY, DOCUMENTS, STATEMENTS, OR OTHER INFORMATION SUPPORTING YOUR CLAIM. PLEASE DO NOT SEND ORIGINAL DOCUMENTS.

PART 8: INFORMATION ABOUT THE INSURANCE POLICY

FOR THOSE THAT ARE ABLE, PLEASE PROVIDE DETAILED INFORMATION CONCERNING THE INSURANCE POLICY(IES) BEGIN CLAIMED, SUCH AS INSURANCE COMPANY NAME, POLICY NUMBER(S), TYPE OF INSURANCE AND THE CITY WHERE THE POLICY WAS PURCHASED. IF POSSIBLE KINDLY INCLUDE COPIES OF ALL SUPPORTING DOCUMENTATION. **DO NOT SEND ORIGINALS OF ANY DOCUMENTS.**

PART 9: FAMILY TREE

TO ASSIST US IN UNDERSTANDING YOUR FAMILY STRUCTURE, PLEASE COMPLETE THE FAMILY TREE ON PAGE 15 OF THE CLAIM FORM.

PART 10: CLAIMS NOT BASED ON FAMILIAL RELATIONSHIPS

IF YOUR CLAIM IS NOT BASED ON YOUR FAMILIAL RELATIONSHIP TO THE POLICYHOLDER PLEASE INDICATE WHETHER YOU WERE NAMED AS A BENEFICIARY IN THE POLICYHOLDER'S LAST WILL AND TESTAMENT OR YOU INHERITED FROM SOMEONE WHO WAS ONE OF THE POLICYHOLDER'S HEIRS. PLEASE PROVIDE DOCUMENTATION SUPPORTING YOUR RIGHT TO RECEIVE THE PROCEEDS OF THE CLAIMED POLICY(IES).

PART 11: FURTHER INFORMATION

PLEASE INDICATE WHETHER THE POLICYHOLDER'S NAME APPEARS ON THE LIST PUBLISHED BY THE INTERNATIONAL COMMISSION ON HOLOCAUST ERA INSURANCE CLAIMS' (ICHEIC)? ICHEIC INVESTIGATED AND RECORDED INFORMATION ON INSURANCE POLICIES FROM VARIOUS ARCHIVES, INSURANCE ASSOCIATIONS, INSURANCE COMPANIES, AND OTHER SOURCES FROM AROUND THE

WORLD. THE ICHEIC LISTS INCLUDE MORE THAN 500,000 POLICYHOLDER OR POLICYHOLDER-RELATED NAMES.

NAMES FOUND ON THE LIST ARE THOSE OF INDIVIDUALS MOST LIKELY TO HAVE HAD A LIFE INSURANCE POLICY OF ANY KIND (INCLUDING EDUCATION, DOWRY, ENDOWMENT OR PENSION/ANNUITY POLICIES) DURING THE RELEVANT PERIOD (1920-1945) AND WHO ARE THOUGHT LIKELY TO HAVE SUFFERED ANY FORM OF RACIAL, RELIGIOUS OR POLITICAL PERSECUTION DURING THE HOLOCAUST.

THE LIST IS NOT A DEFINITIVE SOURCE OF POLICY INFORMATION. THE FACT THAT A NAME APPEARS ON THE LIST DOES NOT GUARANTEE THAT THE INDIVIDUAL NAMED OR HIS OR HER HEIRS OR BENEFICIARIES WOULD HAVE QUALIFIED FOR PAYMENT UNDER ICHEIC GUIDELINES HAD THEY FILED A CLAIM DURING THE ICHEIC CLAIMS FILING PERIOD.

PLEASE NOTE IF THE POLICYHOLDER'S NAME HAS BEEN PUBLISHED IN DIFFERENT FORMS, SUCH AS JOHN DOE AS WELL AS J. DOE, YOU NEED ONLY SUBMIT ONE CLAIM FORM. IN ADDITION, IF THE POLICYHOLDER HAS BEEN PUBLISHED UNDER BOTH HER MAIDEN NAME AND MARRIED NAME, YOU NEED ONLY SUBMIT ONE CLAIM FORM, HOWEVER, KINDLY NOTE BOTH NAMES AS APPEARS ON THE LIST.

PART 12: DECLARATION OF CONSENT

PLEASE COMPLETE THE DECLARATION OF CONSENT. IF YOU DO NOT, NEITHER THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES, THE HCPO NOR THE INSURANCE COMPANIES CAN INVESTIGATE YOUR CLAIM. IT IS A REQUIREMENT OF EUROPEAN DATA PROTECTION LAWS. IN ADDITION, WITHOUT A SIGNED DECLARATION OF CONSENT THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES AND THE HCPO WILL NOT BE ABLE TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR CLAIM FROM INSURANCE COMPANIES.