

## ROADSIDE ASSISTANCE REIMBURSEMENT FORM

Member Name: \_\_\_\_\_ Member/Policy #: \_\_\_\_\_

Company Issuing Policy: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Service provided:            Lockout            Jumpstart            Winch            Other  
   Flat Tire            Fluid Delivery            Tow - \_\_\_\_\_ Miles Towed

If towed, please provide pickup location:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If towed to, please provide name of repair facility or indicate if residence:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Provider's Name: \_\_\_\_\_ Service Date: \_\_\_\_\_ Time of Service: \_\_\_\_:\_\_\_\_ (AM/PM)

Amount Charged: \_\_\_\_\_ Reimbursement Amount Requested: \_\_\_\_\_

Did you call the 24-hour toll free number provided on your policy to obtain roadside service?

Yes                      No

Please provide the toll free 800 # you called to obtain Service: \_\_\_\_\_

Please Provide the Cell or home number used to call in for service: \_\_\_\_\_

If NO, please explain why: (use separate sheet for further explanation): \_\_\_\_\_

If you did and we were unable to provide service, please provide the reimbursement Authorization #: SO - \_\_\_\_\_

Were you driving or riding in the vehicle when it broke down?                      Yes                      No

Were you present when the service driver arrived?                      Yes                      No

If you were not present at the time of service, who was: \_\_\_\_\_

**THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.** Notice: Any person who, knowingly and with intent to defraud an insurance company or other person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing an act of fraud, subject to fines and penalty. By signing, I authorize the administrator and its agents to verify the accuracy and authenticity of all information and documents submitted.

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be aware of these eligibility requirements and instructions:**

- Complete the Reimbursement Application form fully. Type or print legibly to expedite process.
- Include a legible receipt. The receipt must be made out to the listed policy holder.
- Include a copy of the complete membership policy, including terms and conditions.
- Send completed Application and required documents within ninety (90) days of the service date to:

**Fortegra Motor Club Claims Division**  
**ATTN: RSA Reimbursements**  
**10751 Deerwood Park Blvd., Suite 200, Jacksonville, FL 32256**  
**FMCclaims@fortegra.com | F: 760.969.1125**