

The United States Life Insurance Company in the City of New York
New York, New York



PLEASE ANSWER ALL QUESTIONS FULLY AS THIS WILL HELP EXPEDITE THE EVALUATION OF YOUR CLAIM. SIGN AND DATE THE FRAUD STATEMENT AND RETURN ALL DOCUMENTS TO THE ADDRESS LISTED BELOW.

MAIL TO: AIG Benefits Disability Claim Center, P.O. Box 387, Farmington, CT 06034-0387 **FAX:** (888) 598-0575

INSURED'S NAME: _____ **POLICY NUMBER:** _____

BUSINESS ADDRESS: _____

A separate record form should be completed for each reporting Month of disability (Reporting Months are reckoned, during the covered periods by your total disability, from the first day following the waiting period). If recovery has taken place within the Reporting Month, indicate the date of recovery at top of the expense listing, but list your entire expenses for the full Reporting Month that the plan's pro-rata provision can be applied.

1) List all your actual normal and customary business expenses accrued during the full Reporting Month. If a partner or joint occupant, include only your share of the expenses. If any accrued expense covers a period of time longer than the Reporting Month, e.g. business taxes, pro-rate the expenses over that period and include only that portion attributable to the Reporting Month.

Reporting Month: From _____ To _____

Date of Recovery (if during Month) _____

- (a) Rent or Mortgage Interest (but not principal) Payments \$ _____
- (b) Electricity Gas \$ _____
- (c) Heat Water \$ _____
- (d) Telephone \$ _____
- (e) Employees' current monthly salaries or wages (excluding any remuneration for yourself or partners)..... \$ _____
- Position _____ \$ _____
- Position _____ \$ _____
- (f) Laundering of Uniforms..... \$ _____
- (g) Maintenance of business equipment \$ _____
- (h) Taxes on business premises (applicable to this month)..... \$ _____
- (i) Accountant's and Auditor's fees \$ _____
- (j) Other fixed expenses (specify, excluding income taxes, payment of principal on any indebtedness or the cost of any equipment, merchandise, goods or pharmaceutical products) \$ _____
- _____ \$ _____
- _____ \$ _____
- TOTAL OF ALL LISTED EXPENSES** \$ _____

2) List average monthly salaries of employees for last 6 months.
Position _____ \$ _____
Position _____ \$ _____

3) Is your office or place of business still open? Yes No If "No," do you intend to re-open when you recover? Yes No

4) Since the date of your certificate or the date of the last claim under it, have you changed from a sole proprietor to a partner or joint occupant? Yes No If "Yes," please explain _____

5) If you are a member of a partnership, show:
(a) Number of partners _____
(b) Your percentage of monthly expense _____

6) Do you carry any other Professional or Business Overhead Expense coverage in event of your total disability? Yes No
If "Yes," please give name of insurance company and amount of monthly coverage. _____

THE ABOVE STATEMENT OF MY BUSINESS EXPENSES IS SUPPORTED BY BILLS AND RECORDS IN MY POSSESSION. I HEREBY CERTIFY THAT THE ANSWERS I HAVE MADE TO THE FOREGOING QUESTIONS ARE BOTH COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF INSURED _____ **DATE** _____

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New York, New York

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW:

Any person who knowingly, and with intent to defraud any insurance company, files or causes to be filed, a claim for payment of a loss, containing any false or incomplete information commits a fraudulent insurance act that may be a crime and may subject such person to incarceration, fines and denial of benefits.

ARIZONA: 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.

CALIFORNIA: 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.

COLORADO: 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 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.

DISTRICT OF COLUMBIA: 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.

FLORIDA: 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.

KENTUCKY: Any person who knowingly and with intent to defraud any 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 commits a fraudulent insurance act, which is a crime.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: 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.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF INSURED _____ DATE _____