



**Consumer Affairs Division
Arizona Department of Insurance**

2910 North 44th Street, Suite 210, Phoenix, Arizona 85018-7269

Phone: (602) 364-2496 | Fax: (602) 364-2505 | Toll-free: (877) 325-2548

Web: insurance.az.gov | E-mail: consumercomplaint@azinsurance.gov

SENSIBLE HOME WARRANTY PROOF OF CLAIM PROCESS

Sensible Home Warranty (Sensible) offered home warranty contracts purchased by Arizona homeowners for appliances or home equipment. Sensible has gone out of business and the Arizona Department of Insurance has ordered that it stop selling contracts in Arizona. The effective date of the order is June 16, 2014.

Consumers who purchased home warranty contracts may have unexpired contracts or may have submitted claims for reimbursement for replacement or repairs of home appliances or equipment. Although Sensible has not filed for bankruptcy and a receiver has not been appointed, the Arizona Department of Insurance is offering limited assistance to consumers to resolve claims against Sensible.

If you believe you have a claim against Sensible, the Arizona Department of Insurance is processing any claims against Sensible. The Department cannot guarantee or imply that all claims filed will be paid in whole or in part. The process for reviewing claims and the consideration of the information provided by a consumer is presented below.

The Department has reason to believe that one of two possible pools of funds will be used to pay consumer claims if the claimant qualifies. The funds are held in the form of a bond issued by an insurance company, and a certificate of deposit in an FDIC insured financial institution.

You are qualified to submit a claim if you can provide documentation showing:

1. You prepaid for an Arizona Sensible contract that expires after June 16, 2014; or,
2. You held an Arizona Sensible contract at any time during the period of March 25, 2011, through June 16, 2014; and,
 - a. you incurred the expense of repairing or replacing an appliance or equipment covered by the contract; **and**
 - b. you were not fully reimbursed for the expense according to the terms and conditions of your Arizona contract.

Arizona law contemplates that contract holders, not service providers, are protected by the funds available.

All eligible Arizona consumers with contracts from Sensible are encouraged to complete a Proof of Claim Form (Form) and submit your documentation with the Form to have your claim considered. You can access the Form here below. If your Form or documentation is determined by the Department to be incomplete, your claim may be denied.

The deadline for submitting a claim is **August 3, 2015**, 5:00 p.m. (PST). You may mail your Form and supporting documents to the Arizona Department of Insurance, 2910 North 44th Street, Suite 210, Phoenix, Arizona 85018, ATTENTION: Sensible Home Warranty, or you may email the completed Form along with supporting documents to: consumercomplaint@azinsurance.gov.

All submissions will be treated as public records within the meaning of Arizona Revised Statutes § 39-101 *et seq.* If you have any questions about filing this Form, please contact consumer@azinsurance.gov, (602) 364-2496.



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PROOF OF CLAIM FORM

NOTE: DEADLINE FOR FILING THIS PROOF OF CLAIM IS AUGUST 5, 2015

This Proof of Claim Form (Form) must be completed, signed and returned to:

Arizona Department of Insurance

In re: SENSIBLE HOME WARRANTY, LLC

2910 N 44th Street, #210

Phoenix, AZ 85018

Emailed or postmarked no later than 5:00 p.m. (PST) August 5, 2015

Please read this entire Form and complete all portions of this Form that are relevant to your claim. Keep a copy of your completed Form and supporting documents for your records. The Department does not and cannot guarantee or imply that all claims filed will be paid in whole or in part. If you have any questions about filing this Form, please contact consumer@azinsurance.gov.

SECTION A: Contact Information of Person Filing Proof of Claim

Date:	Daytime Phone:	Email:		
Your last name		Your first name:	Your middle name/initial:	
Street address:		City:	State	ZIP code:

SECTION B: Location of Home Covered by the Contract

Complete this section only if the location is different from Section A

Location street address:	City:	State	ZIP code:
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SECTION C: Information About the Service Contract

Name on Contract:		Contract #:	
Date of Purchase:	Contract effective date:	Contract termination date:	Amount paid for contract term:

SECTION D: Type of Issue - For what type of issue are you requesting assistance?

- Claim Denial
 Non-payment of Claim
 Premium Refund

Date of loss _____ Date of cancellation request: _____

The Arizona Department of Insurance complies with the Americans with Disabilities Act (ADA) and the Arizonans with Disabilities Act. Individuals with disabilities may request materials in an alternative format by contacting our ADA Coordinator at (602) 364-3100 and should do so as early as possible to allow reasonable time to make necessary arrangements.

Name: _____

SECTION E: STATEMENT OF FACTS:

Was a claim filed with Sensible Home Warranty, LLC? Yes No

If a claim was filed with Sensible Home Warranty, LLC, what was the outcome? Enclose *copies* (not originals) of any pertinent documents such as letters, forms, policies, notices, receipts, proof of payment, and emails.

When was the claim filed? _____ Amount of claim? _____
(amount of claim cannot exceed receipts provided)

Description of item(s) covered under service contract, include make, year, and model information.

Description of loss or damage you believe is covered by the service contract, including cause of failure.

Name:

Has item under service contract been repaired? Yes No; **or replaced** Yes No

If the item has been repaired or replaced, did the individual/company who performed the repairs or replaced the appliance or equipment receive payment?

Yes No Not Applicable

If yes what was amount paid? _____

Who paid? _____

Information About Repair Work, Parts, Labor, or Other Services

Company Name:			
Street address:	City:	State	ZIP code:
Telephone number:	E-mail address:		

Type of Work Completed (submit invoice and receipt)

Were repairs, parts or labor or other services coordinated or provided through Sensible Home Warranty, LLC? Yes No

If a claim was not filed, please explain.

Name:

Additional Information

Please provide any other information relevant to your claim. If you need additional space, please attach a sheet to this Form, and include your name on the sheet.

Check that the Following Items Are Included with this Proof of Claim Form

- Written copy of Arizona Sensible Home Warranty, LLC contract and proof of premium payment that you purchased a service contract from Sensible Home Warranty, LLC.
- Invoices for work completed by vendor, but not paid by Sensible Home Warranty, LLC.
- Receipts for amount contract holder paid vendor that Sensible Home Warranty, LLC has not reimbursed or otherwise paid.
- Any other documents or information relevant to your claim.
- Read "Oath and Declaration" at the end of this Proof of Claim Form.

Oath and Declaration: By signing below, I declare under the penalties of perjury that I am submitting this Proof of Claim Form and supporting documents in accordance the Proof of Claim Form Instructions; that the information I am providing in this Proof of Claim Form and supporting documents is true and correct to the best of my information, knowledge, and belief; that I have not received full payment for the claim being submitted; and **I understand that the Department does not and cannot guarantee or imply that my filed claim will be paid in whole or in part.**

Signature of Claimant

Signature of Claimant's Representative (If Applicable)

Claimant's Name (Please Print)

Representative's Name (Please Print)

Date: _____

Date: _____