

# Motor Club Key Replacement Form

Member Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

Membership No. \_\_\_\_\_

Membership Start Date \_\_\_\_\_

Repair Date \_\_\_\_\_ Repair Amount \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Describe Key Issue (*circle one*):                      Lost                      Inoperable

Circumstances of Issue: \_\_\_\_\_

\_\_\_\_\_

Administor/Obligor (*circle one, if known*):      United Motor Club      Continental Car Club      Auto Knight

**Please send the completed and signed claim form along with required documentation to:**

Reimbursement Administrator – Key Replacement  
10151 Deerwood Park Blvd., Bldg. 100, Ste. 500  
Jacksonville, FL 32256

akclaims@fortegra.com

**P:** 800.544.3895 **F:** 760.969.1125

THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTICE: Any person who knowingly and with intent to defraud files a statement containing any materially false information, or who conceals for the purpose of misleading any information concerning any factual material thereto, commits a fraudulent act, which is a crime. By signing, I authorize the administrator and all authorized representatives to verify all information and documentation provided by me and contained in this form.

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