



Payment Protection Claims

Please fill out claims paperwork out to the best of your ability. Please attach any necessary paperwork to this form. If you have any questions or concerns regarding your claim please call (435)-986-3150 or email (finance email)

Blvd Home Account Information-

First Name _____ M.I. _____ Last Name _____

Blvd Home Account Number _____

Date of Birth _____

Home Phone _____ Cell Phone _____

Mailing Address _____ City _____

State _____ Zip _____

Protection Category

Unemployment Coverage + Property Coverage + Disability Coverage + Loss of Life/Terminal Illness Coverage +

Unemployment Coverage

Company Name _____

Address _____

Phone Number _____ Supervisors Name _____

Last Date Employeed _____ Length of Employment _____

HRs worked per week _____

Unemployment Case Number _____

- Please attach State Unemployment Documentation or any other applicable paperwork

Property Coverage

Damaged Items _____

Date of Purchase _____ Date of Damage _____

Address that the Items are located _____

If applicable Police Report Number _____

- A Blvd Finance Advisor or Employee will come to your home to validate the damage or burglary claim

Disability Coverage

Date of Purchase _____

Date of Disability _____

- Please attach U.S. Social Security Administration Approval Paperwork

Loss of Life/Terminal Illness Coverage

Date of Purchase _____

- Please attach documentation for Loss of Life including official death certificate
- Please attach documentation for Terminal Illness Coverage including physician documentation and any other relative documentation used for medical proof

Print Name _____ Date _____

Sign _____ Date _____

If you have questions or concerns regarding The Payment Protection Contract please click the link below to review the Blvd Payment Protection Contract. (<https://finance.blvdhome.com/everyday-credit-options/>)

Inter Office Use Only	
Account Balance	
Minimum Payment	
Approved or Denied By:	