

CLAIM FORM

**Illinois Department of Financial and Professional Regulation
Division of Financial Institutions
Currency Exchange Section
100 W. Randolph, Suite 9-100
Chicago, IL 60601
(312) 814-5153**

Name of Currency Exchange: _____

Address of Currency Exchange: _____

City, State: _____

Claimant Name: _____

Claimant Address: _____

City, State: _____

Daytime Phone Number: _____

Alternate Phone Number: _____

Money Order Number: _____

Date Issued: _____

Amount: _____

Please attach copy of money order (front and back) along with any other documentation supporting that it was negotiated and subsequently returned to you unpaid.

Once this completed form is received by the Department with appropriate documentation we will forward a claim to the bonding company on your behalf. Be aware that the bonding company performs an independent investigation of the claim and this may take a considerable amount of time.

NOTE: THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION DOES NOT GUARANTEE THE PAYMENT OF ANY CLAIM THAT IS FILED WITH THE DEPARTMENT