CSA TRAVELPROTECTION®
A Europ Assistance Group Company

Dear Policyholder:

Please complete and sign the attached claim form. Additionally, the following are items needed in order to process your **Baggage Delay** claim in the most efficient and expedient way possible.

What you should provide:

- Documentation from the carrier confirming your baggage was delayed and the length of time of the delay;
- An itemized list of all emergency purchases. Please note that a receipt must be provided for all expenses claimed;
- Proof of age for all travelers on the policy/certificate;
- Please provide the relationship of all insured parties making a claim. If any are minors, please provide the name and address of their parent or legal guardian;
- **EACH PARTY MAKING A CLAIM MUST SIGN THE COMPLETED CLAIM FORM.**

Thank you for this important information. Should you have any questions, please call us at (800) 541-3522.

BAGGAGE DELAY/BAGGAGE LOSS CLAIM FORM

CSA TRAVELPROTECTION
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IMPORTANT: BOTH SIDES OF THIS CLAIM FORM MUST BE COMPLETED IN FULL AND SIGNED. FAILURE TO DO SO MAY DELAY THE PROCESSING OF YOUR CLAIM.

SECTION 1: PERSONAL & TRAVEL INFORMATION

NAME OF INSURED		POLICY/REFERENCE #	TRAVEL DATES	
BOOKING/RESERVATION/CONTRACT #	DATE OF BIRTH	HOME PHONE	BUS/CELL PHONE	EMAIL ADDRESS
INSURED MAILING ADDRESS		CITY	STATE	ZIP CODE
CO-INSURED/TRAVELING COMPANION(S)	DATE OF BIRTH	HOME PHONE	BUS/CELL PHONE	EMAIL ADDRESS
CO-INSURED/TRAVELING COMPANION(S) MAILING ADDRESS		CITY	STATE	ZIP CODE
TRAVEL AGENT/RENTAL COMPANY	TRAVEL AGENT'S NAME	TELEPHONE	FAX	EMAIL ADDRESS
TRAVEL AGENT'S MAILING ADDRESS		CITY	STATE	ZIP CODE

SECTION 2: DETAILS OF LOSS/DELAY

WHERE AND HOW DID LOSS, THEFT, DAMAGE OR DELAY OCCUR?			
DATE OF LOSS, DAMAGE OR DELAY	IF BAGGAGE DELAY, FOR HOW LONG?		
DID LOSS OR DAMAGE OCCUR WHILE INSURED PROPERTY WAS ON OR IN THE CUSTODY OF COMMON CARRIER (I.E., AIRLINE, CRUISE LINE, RAILROAD ETC)? IF YES, LIST NAME OF CARRIER	DID YOU COMPLETE A REPORT AT THE TIME OF LOSS OR DAMAGE? IF YES, PROVIDE A COPY OF REPORT AND LIST NAME AND TITLE OF PERSON TO WHOM NOTICE WAS GIVEN BELOW (I.E., POLICE, COMMON CARRIER, HOTEL, ETC.)		
HAS A CLAIM BEEN FILED AGAINST CARRIER? IF NO, PLEASE DO THIS IMMEDIATELY	IF YES, HAVE YOU BEEN PAID BY THE CARRIER? PLEASE LIST AMOUNT BELOW		
IS THERE ANY OTHER INSURANCE THAT MIGHT COVER THIS LOSS? (I.E., HOMEOWNERS, RENTERS, CREDIT CARD, ETC.) IF YES, PLEASE LIST NAME OF COMPANY		POLICY NUMBER FOR OTHER INSURANCE	
INSURANCE COMPANY ADDRESS	CITY	STATE	ZIP

PLEASE COMPLETE OTHER SIDE

CSA TRAVEL PROTECTION · P.O. BOX 939057 · SAN DIEGO, CA 92193-9057 · PHONE (800) 541-3522 · FAX (877) 300-8670

SECTION 3: DESCRIPTION OF ITEMS AND AMOUNTS CLAIMED

DESCRIPTION OF ITEMS INCLUDING BRANDS;	PLACE OF PURCHASE	DATE OF PURCHASE	PURCHASE PRICE
		LESS AMOUNT RECEIVED FROM OTHER SOURCES	
Notice: If you have more items, please attach separate sheet		**TOTAL AMOUNT CLAIMED** (including additional items if attached)	

FRAUD WARNINGS AND DISCLOSURES

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.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arkansas, New Mexico and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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 any 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 for the purpose of defrauding or attempting to defraud the 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.

Delaware, Idaho and Indiana: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false or misleading information is guilty of a felony.

DC and Maine: 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 employer or employee, insurance company, or self insured program files a statement of claim or an application containing any false or misleading information commits insurance fraud, punishable as provided in section 817.234.

Kentucky and 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.

Louisiana and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing false or misleading information is subject 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 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 violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to any insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

☐ By checking this box, I/we attest that this claim is not being paid by any other carrier/insurer for considered claim payment, and I/We agree that my/our typed signature(s) be accepted as my/our written signature(s) and attest that all of the statements in this document are true and complete to the best of my/our knowledge. I/We authorize CSA Travel Protection to contact the insured to verify whether or not a loss has occurred during their stay, and I/we further authorize CSA Travel Protection to release and share claim information including that which may be used in the identification and prevention of potential fraudulent activity to Generali US Branch, Stonebridge Casualty Insurance Company, United States Fire Insurance Company, insurance support organizations, fraud information clearinghouses, designated service providers and business associates assisting in the processing of the claim.

INSURED'S SIGNATURE | PRINT NAME | DATE

ADDITIONAL INSURED'S SIGNATURE | PRINT NAME | DATE