

# USI Travel Insurance Select® – Baggage and Personal Effects



## Claim Form & Claimant's Statement

### PARTICIPANT'S INFORMATION:

Account Name and Policy Number: \_\_\_\_\_

Name of participant (i.e. student): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### LEGAL GUARDIAN INFORMATION:

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of participant's legal guardian: \_\_\_\_\_

(\*\* Please note: your signature indicates you are the legal guardian of the participant and authorizes payment issuance to you\*\*)

### TRAVEL SUPPLIER / PROVIDER INFORMATION:

Name of Tour Operator/Cruise Line/Airline you were traveling with: \_\_\_\_\_

Scheduled Date of Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_

Scheduled Date of Return: \_\_\_\_/\_\_\_\_/\_\_\_\_

Origination: \_\_\_\_\_

Destination: \_\_\_\_\_

Flight Number: \_\_\_\_\_

Flight Number: \_\_\_\_\_

Air Carrier: \_\_\_\_\_

Air Carrier: \_\_\_\_\_

### LOSS INFORMATION:

Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please describe what occurred: \_\_\_\_\_

Place of Loss: (airport, hotel, rental agency, etc.)

Name and Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

**DOCUMENTATION REQUIREMENTS:**

Depending upon the circumstance involved in the loss, one or more of the following items may be required to complete the processing of your claim. Please place a check by those items you have attached. We recommend you keep copies of any items submitted with this claim.

- Airline Ticket Stub/Receipt
- Baggage Claim Stub/Receipt
- Police Report
- Statement from Hotel/Motel, Airline Carrier or Airport Facility that concerns your lost property.  
**Note:** You must file a report with the appropriate authorities for damaged, lost or stolen property.
- Car Rental Agreement
- Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/motel or other similar establishment or any other insurance company providing reimbursement to you for the loss.
- Proof of ownership of the items lost or stolen  
**Note:** Acceptable forms of proof of purchase include credit card statements, sales receipts or cancelled checks.
- Other (please describe): \_\_\_\_\_
- Please advise if you wish to be contacted via e-mail or regular mail \_\_\_\_\_

**DESCRIPTION OF LOST / STOLEN / DAMAGED ITEMS:**

Item(s):	Estimated Value:	Have you received reimbursement?	If so, from whom?	How much?
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
Total	\$			\$

(please use another page if you are claiming more items)

**OTHER INSURANCE / AUTHORIZATION:**

Do you have any other type of insurance? \_\_\_\_\_

If so, please provide the Company Name and Address: \_\_\_\_\_

Type of Policy: \_\_\_\_\_ Policy #: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**NEW YORK FRAUD WARNING:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**AUTHORIZATION:** I hereby authorize Crum & Forster, United States Fire Insurance Company or its representative, to inspect or secure copies of case history records or any other data necessary to determine eligibility of benefits. I also authorize Crum & Forster, United States Fire Insurance Company or its representative to release and share claim information including that which may be used in the identification and prevention of potential fraudulent activity to any insurance organization, fraud information clearinghouses, designated service providers and business associates assisting in the processing of this claim. A photostatic copy or facsimile of this authorization shall be deemed as effective and valid as the original. This authorization is valid for twelve (12) months from date of signature. **I HAVE REVIEWED AND ACKNOWLEDGE THE ATTACHED FRAUD WARNING.**

SIGNATURE OF INSURED \_\_\_\_\_ DATE \_\_\_\_\_

**MAILING INSTRUCTIONS:**

Send this form and any accompanying documentation to:

Attention: Co-ordinated Benefit Plans, LLC  
On Behalf of United States Fire Insurance Company  
P.O. Box 26222  
Tampa, FL 33623

Email to: [TravelTeam@cbpinsure.com](mailto:TravelTeam@cbpinsure.com) or FAX: 800-560-6340  
Toll Free: 877-539-6442  
Direct Dial: 727-450-8795

## IMPORTANT NOTICE

**Fraud Warning:** Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

**Notice to Arizona Claimants:** 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.

**Notice to California Claimants:** 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.

**Notice to Colorado Claimants:** It is unlawful to knowingly provide false, incomplete, or misleading information to an 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**Notice to District of Columbia Claimants:** **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.

**Notice to Hawaii Claimants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**Notice to Idaho Claimants:** Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing a false, incomplete, or misleading information is guilty of a felony.

**Notice to Kentucky Claimants:** 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.

**Notice to Oklahoma Claimants:** **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.

**Notice to Pennsylvania Claimants:** 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.

**Notice to Texas Claimants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.