USI Travel Insurance Select® - Trip Delay





PARTICIPANT'S INFORMATION:

Name of participant (i.e. student):		
Address:	City:	State: Zip Code:
Email Address:		Home Phone #:
Nork Phone:		Cell #:
Address:	City:	State: Zip Code:
EGAL GUARDIAN INFORMATIO	<u>N:</u>	
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 TRAVEL SUPPLIER / PROVIDER I	legal guardian of the participan	t and authorizes payment issuance to you***)
Company Name:	Address:_	
City:State:Zip:	Contact:	Phone #:
		Date of initial payment deposit:
Date Travel Protection Plan was purchased:		Date of initial payment deposit.
Date Travel Protection Plan was purchased:		Date of Return:

After completing this section, attach copies of all travel documents (original airline tickets, hotel receipts, travel itinerary, tour cost, etc.) supporting penalties, nonrefundable charges incurred by you due to cancellation,

Company name: (airline/hotel/cruise/travel agent/etc.)	Amount paid:	Amount of loss: (non-refundable amount)	Have you received reimbursement?	If so, from whom?	How much?
	\$	\$	Yes No		\$
	\$	\$	Yes No		*
	\$	\$	Yes No		\$
	\$	\$	Yes No		\$
Total	\$	\$			\$

Date Trip was delayed with Trave	Supplier:	Date delay ended:	
DOCUMENTATION REQ	UIREMENTS:		
			y be required to complete the processing keep copies of any items submitted with
	eks or credit card statements the total cost paid for the trip.		for the trip with an invoice from your
		ine carrier, airport facility, car in pany providing reimbursement	rental agency, travel agent, hotel/motel or nt to you for the loss.
Statement from Hotel/Mo Note: Any cand	otel, Airline Carrier or Airport F cellation or delay of flight mus	Facility that concerns your Delate to be documented by the airline	ay. ə.
Car Rental Agreement (i	applicable) Airline Ti	cket Stub/Receipt (if applicabl	e) Police Report (if applicable)
		ine carrier, airport facility, car in pany providing reimbursement	rental agency, travel agent, hotel/motel or nt to you for the loss.
Other (please describe):			
Please advise if you wish	n to be contacted via e-mail o	r regular mail:	
OTHER INSURANCE / A	UTHORIZATION:		
Do you have any other type of ins	urance?		
If so, please provide the Company	Name and Address:		
Type of Policy:	Policy #:	Contact:	Phone:
application for insurance or staten	nent of claim containing any naterial thereto, commits a fra	naterially false information, or udulent insurance act, which is	nsurance company or other person files an conceals for the purpose of misleading, is a crime, and shall also be subject to a ch violation.
secure copies of case history reco United States Fire Insurance Com the identification and prevention of designated service providers and	ords or any other data necess pany or its representative to f potential fraudulent activity to business associates assisting effective and valid as the orig	ary to determine eligibility of b release and share claim inform to any insurance organization, g in the processing of this clain inal. This authorization is vali	ny or its representative, to inspect or enefits. I also authorize Crum & Forster, nation including that which may be used in fraud information clearinghouses, n. A photostatic copy or facsimile of this d for twelve (12) months from date of G .
SIGNATURE OF INSURED		D	ATE

MAILING INSTRUCTIONS:

REASON FOR DELAY:

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: <u>TravelTeam@cbpinsure.com</u> or FAX: 800-560-6340

Toll Free: 877-539-6442 Direct Dial: 727-450-8795

IMPORTANT NOTICE

<u>Fraud Warning</u>: 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.

<u>Notice to Arizona Claimants</u>: 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.

<u>Notice to California Claimants</u>: 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.

<u>Notice to Hawaii Claimants</u>: 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.

<u>Notice to Idaho Claimants</u>: 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.

<u>Notice to Oklahoma Claimants</u>: 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.

<u>Notice to Pennsylvania Claimants</u>: 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.