

Claims Dept: 994 Old Eagle School Road Suite 1005
Wayne, PA 19087-1802
Toll Free #: (866) 621-2070
Fax: (610) 977-3217

E-mail: redskyinsurance@visit-aci.com

Any person who knowingly presents a false or fraudulent claim for payment of 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.

Proof of Loss - To be completed by Insured / Guest

Baggage Delay
 Loss
 Theft
 Damage
 Loss / Theft / Damage while handled by a common carrier

Name of Insured / Guest		Reservation #
Address	Work Phone # ()	Home Phone # ()
	Date of Birth	E-mail Address
	Departure Date	Return Date
Name and Address of Property Management Co.	Phone # ()	Fax # ()
Name of leaseholder on the rental property and list all guests occupying the property.		
Date of baggage delay / loss / theft / damage	Time Occurred	If baggage was delivered, please indicate where.
Did you purchase essential items because of a baggage delay / loss / theft / damage		If Yes, attach receipts or bills.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe in detail how the delay / loss / theft / damage occurred		
Did the delay / loss / theft / damage occur while the items were checked as luggage or under the care of a common carrier?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide the name of the carrier and attach your passanger ticket, copy or report filed with common carrier, and the carrier's response to you loss (letter and / or check with expanation). Name of Carrier:		
Is there any other insurance that provides coverage for this loss (homeowners, renters, credit card, other travel insurance)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide name of insurance company, policy number, and address.		

Please supply the following:

- ✓ Written statement from common carrier regarding baggage delay and length of delay.
- ✓ Receipts for necessary purchase and proof of payment
- ✓ Copy of passanger ticket from the common carrier.
- ✓ Copy of report from common carrier and their response confirming any amount reimbursed for loss, theft, damage, or delay
- ✓ Copy of report filed with police, hotel, tour operator, etc. If your loss did not occur on a common carrier.
- ✓ Completed and signed claim form
- ✓ If claimant is other than **leaseholder**, please provide a signed written statement from **leaseholder** listing all guests occupying the rental property.



Baggage Protection Claim Form



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NOTICE: If you have more items, please attach separate sheet(s)

Name Of Claimant	Lost or Stolen	Damage Only	Delay	Item Description (include brand name, make model, etc.)	Quantity	Date of purchase or date acquired	Total Purchase Cost
	<i>C h e c k O n e</i>						
						/ /	\$
						/ /	\$
						/ /	\$
						/ /	\$
						/ /	\$
						/ /	\$
						/ /	\$
						/ /	\$
						/ /	\$
Total amount reimbursable from other sources:							\$
Total amount claimed (including additional items if attached):							\$

For the purpose of evaluating this claim, I, the undersigned Insured / Guest, authorize the release of any information help by any person, organization, or other entity which may be material to this claim.

I understand that being furnished a "Proof of Loss" claim form; or submitting a "Proof of Loss" claim form; or being assisted by any company representative in the completion of such a form does not waive and of the rights of the company under the protection plan.

I understand that any payment made on this claim constitutes a loan to be repaid out of any recovery that may occur from others; and I further agree to cooperate fully in any recovery the company may seek from others. This includes authorizing the company to recover directly from others.

I understand that any person who knowingly and with intent to defraud any insurance company, files a statement of claim containing any false, incomplete or misleading information may be guilty of a criminal act punishable under law.

I have read and understand the foregoing and warrant that the answers to all the questions on this form are true and complete according to my best knowledge and belief.

Signature of Insured / Guest

Print name of Insured / Guest
Date

Trip Preserver Product is Underwritten by **Arch Insurance Company**.

The laws of some states require us to furnish you with the following notices:

WARNING. Any person who knowingly:

Alaska: 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.

Arizona, Arkansas and Rhode Island: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR and RI: presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form:
Any person who knowingly presents 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.

Delaware: and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: 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: and with intent to injure, defraud, or deceive any insurer, files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky, New York and Pennsylvania: and with intent to defraud any insurance company or other person files an application for insurance, or files a statement of claim, containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, specific to PA: subjects such person to criminal and civil penalties and specific to NY: 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.

Louisiana, New Mexico, Texas and West Virginia: presents a false or fraudulent claim for the payment of a loss (or specific to LA, TX and W VA: who knowingly presents false information on an application for insurance) is guilty of a crime and may be subject to fines and confinement in state prison, (or specific to NM: to civil fines and criminal penalties.)

Maryland: and willfully presents a false or fraudulent claim for payment of 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.

New Jersey: files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: 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: 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.

Oregon: and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Puerto Rico: and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

WARNING:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or 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 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.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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

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.

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