



## TRIP CANCELLATION, INTERRUPTION, MISSED CONNECTION & TRAVEL DELAY CLAIM FORM

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	DATE OF BIRTH	POLICY/REFERENCE NUMBER	HOME PHONE	CELL PHONE	
INSURED STREET ADDRESS			CITY	STATE	ZIP CODE
INSURED EMAIL ADDRESS			NAME OF CO-INSURED/TRAVELING COMPANION(S)		DATE OF BIRTH
TRAVEL AGENCY/RENTAL COMPANY	TELEPHONE	FAX		BOOKING/RESERVATION NUMBER	
TRAVEL AGENT'S NAME	TRAVEL AGENT'S EMAIL		DEPARTURE DATE	RETURN DATE	

### SECTION 2: DETAILS OF LOSS

REASON FOR TRIP CANCELLATION, TRIP INTERRUPTION OR TRAVEL DELAY
DATE TRIP WAS CANCELLED, INTERRUPTED OR DELAYED

### SECTION 3: AMOUNTS CLAIMED

DESCRIPTION/NAME OF SUPPLIER	AMOUNT PAID	AMOUNT REFUNDED TO YOU	AMOUNT CLAIMED
TOTAL AMOUNT CLAIMED:			

### 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, Minnesota and New Hampshire:** 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, Texas and West Virginia:** 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.

### PLEASE COMPLETE OTHER SIDE

HTH ADMINISTRATION SERVICES • P.O. BOX 939057 • SAN DIEGO, CA 92193-9057 • PHONE (866) 501-3254 • FAX (877) 300-8670

**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, Maine and Virginia WARNING:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company 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 insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** 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.

**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:** 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.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy 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 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 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:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

By Checking this box, I attest that all of the statements in this document are true and complete to the best of my knowledge, and I authorize CSA Travel Protection and Insurance Services to release and share claim information including that which may be used in the identification and prevention of potential fraudulent activity to 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 SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ADDITIONAL INSURED SIGNATURE**

\_\_\_\_\_  
**DATE**

#### SECTION 4: PHYSICIAN'S STATEMENT (TO BE COMPLETED BY PHYSICIAN ONLY)

FULL NAME OF PATIENT		DATE OF BIRTH
DIAGNOSES		ICD CODE(S)
ON WHAT DATE DID SYMPTOMS FIRST APPEAR?	ON WHAT DATES DID THE PATIENT FIRST CONSULT WITH YOU ABOUT THIS CONDITION?	PLEASE LIST ALL DATES OF EXAMINATION/TREATMENT FOR THIS CONDITION FROM INITIAL CONSULT TO PRESENT
HAS PATIENT EVER BEEN TREATED FOR THIS OR A RELATED CONDITION? IF YES, GIVE DATES OF TREATMENT AND DIAGNOSES.		ON WHAT DATE DID THE PATIENT BECOME MEDICALLY UNABLE TO TRAVEL?
WAS PATIENT REFERRED BY ANOTHER PHYSICIAN? IF YES, GIVE NAME	PHYSICIAN ADDRESS	PHYSICIAN PHONE NUMBER
IF ACCIDENT, PLEASE PROVIDE DATE, TIME AND PLACE OF OCCURRENCE	HOW DID ACCIDENT OCCUR?	
PHYSICIAN'S NAME (PLEASE PRINT)	PHONE NUMBER	FAX NUMBER
STREET ADDRESS	CITY/STATE	ZIP CODE
PHYSICIAN'S SIGNATURE AND DEGREE	TAX ID/IRS NUMBER	DATE