

Travel Insured International, Inc.[®]
Claims Department, P.O. Box 280568, East Hartford, CT 06128
 Phone: 1-866-890-6499 | Fax: 1-860-528-8005
 Email: claims@travelinsured.com | Web: www.travelinsured.com

To Avoid Delays in Processing Your Claim, You Must Complete the Following:

Baggage Delay

Please supply the following:

- ✓ Written statement from common carrier regarding baggage delay and length of delay.
- ✓ Receipts for necessary purchases.
- ✓ Copy of passenger ticket.
- ✓ Keep a photocopy of this completed form and all attachments for your records.
- ✓ Sign and date completed claim form.

To be completed by the Planholder

Name of Planholder	Plan/Policy#	
Address	Work Phone #	Home Phone #
	()	()
	Date of Birth	Email Address
Departure Date	Return Date	
Name and Address of Property Management Co.	Phone #	Fax #
	()	()
	Reservation #	

Proof of Loss Statement - To be completed by the Planholder

Date Baggage Delayed	Time Delay Occurred	Where was the baggage delivered? Date: _____ Time: _____
Did you purchase essential items because of a baggage delay? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes attach receipts or bills.		
Describe in detail how the delay occurred.		
Did delay 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 passenger ticket, copy of report filed with common carrier, and carrier's response to your loss (letter and/or check with explanation). Name of carrier:		

For the purpose of evaluating this claim, I, the undersigned Planholder, authorize the release of any information held 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 any 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 the 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 **Planholder**

Print Name of **Planholder**

Date