

**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](mailto:claims@travelinsured.com) | Web: [www.travelinsured.com](http://www.travelinsured.com)

***To be completed by the Planholder***

Name of Planholder		Plan/Policy #	
Address		Work Phone #	Home Phone #
		E-mail Address	
Date of Birth	Scheduled Departure Date	Scheduled Return Date	Date Delayed
Name and Address of Property Management Co.		Phone #	Fax #
Reservation #		Names of your Travel Companion(s)	

Please briefly explain your claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please check which applies to your claim***  
*Please see page 2 for items needed to process your claim.*

**A. Additional Transportation**       **B. Additional accommodation and travel expenses**

\$ \_\_\_\_\_ **Total amount being claimed from Travel Insured**

*Please see page 2 for items needed to process your claim.*

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable by law.

I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of **Planholder**

\_\_\_\_\_  
Print Name of **Planholder**

\_\_\_\_\_  
**Date**

Travel Insured International, Inc.<sup>®</sup>  
Claims Department, P.O. Box 280568, East Hartford, CT 06128  
Phone: 1-866-890-6499 (in U.S. & Canada), 1-860-528-7663 (outside U.S.)  
Fax: 1-860-528-8005, Email: [claims@travelinsured.com](mailto:claims@travelinsured.com), Web: [www.travelinsured.com](http://www.travelinsured.com)

*Please supply the follow items based on which box you've checked on page 1*

**A** Additional Transportation

**Please supply the following:**

- ✓ Please provide us with written verification from the common carrier as to the cause and length of your delay. Please include your flight itinerary.
- ✓ Please provide us with proof of payment for additional transportation expenses. ie. invoices or receipts and a copy of your canceled check or credit card statement showing payment for the additional expenses.

**B** Additional Accommodation and Travel Expenses

**Please supply the following:**

- ✓ Please provide us with written verification from the common carrier as to the cause and length of the delay.
- ✓ Please provide us with proof of payment for additional accommodations and meal expense. ie. invoices or receipts and a copy of your canceled check or credit card statement showing payment for the additional expenses.