

## **Trip Interruption Claim Form**

PART A: General Information				
Full Name: (as it appears on ID card)	Date of Birth: (mm/dd/yyyy)	Gender: Male	Female	
ID Number: (found on ID card)	Passport/Visa Number:	I		
	Attach a complete copy, inclue	clude every page even if blank		
Email Address:	Telephone Number:			

## PART B: Documents Required

Complete travel itinerary, including copy of return ticket originally purchased

Proof of payment of the airfare for the original itinerary

Statement from the airline indicating if any refund, credit or voucher was issued. If no refund, credit or voucher was issued, a copy of the cancellation terms and conditions must be provided to verify you are not entitled to reimbursement or credits from any other source.

## If trip was interrupted due to the death of a family member, the following documents are required:

At least 2 of the following three documents: 1. Copy of family member's death certificate. 2. Obituary. 3. Police report confirming the death of the family member.

If trip was interrupted due to destruction of your principal residence by fire or natural disaster, the following are required:

Documentation of your principal address. This could be a copy of a government-issued document, a utility bill, a property deed, or a lease or mortgage document bearing your name and address.

If destruction was caused by fire, a copy of the Fire Marshal or insurance company report describing and attesting to the level of destruction caused by fire.

If destruction was caused by a natural disaster, documentation sufficient to establish the nature, location and severity of the natural disaster. This could be a report from a government agency, a local news report, a police report or other document, including photographs, which describes the level of destruction caused by the natural disaster.

## **PART C: Verification**

I verify that all information contained in this form is true, correct and complete to the best of my knowledge.

Printed Name of Insured:

Date: (mm/dd/yyyy)

Signature of Insured:

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.