

Claim Filing Instructions

Read the instructions for the type of claim you need to file, you may have more than one.

Baggage Delay

Your checked baggage was delayed while you were on your covered trip.

1. Complete all applicable information starting on page 2.
2. Include documentation from your common carrier (airline, cruise line, etc.) confirming the delay and the length of time your luggage was delayed.
3. Include receipts for additional expenses due to the baggage delay.

Baggage & Personal Effects

Your baggage and/or property was lost, stolen, or damaged during your covered trip.

1. Complete all applicable information starting on page 2.
2. Include a police report for theft.
3. Include a copy of the claim you filed with your common carrier (airline, cruise line, etc.) along with their final response for your claim with them. If they paid you a dollar amount, provide proof of that. If they did not pay you anything, please provide proof of that as well.
4. Include proof of ownership for items claimed (purchase receipt, owner's manual, etc.).

1 Reason for Claim

Baggage Delay
 Lost Baggage
 Stolen Property
 Damaged Baggage or Property

You may check more than one.

EF PROGRAM NAME:

EF Educational Tours
 Go Ahead Tours
 Ultimate Break
 College Study Tours
 Gap Year
 Explore America

Primary Insured's Information

2 Name of Primary Insured (The person listed first on your plan.)		3 Date of birth MM/DD/YYYY	
4 Account number		5 Email address	
6 Preferred phone number		7 Fax number	
8 Mailing address (if different than home)		9 City	10 State
			11 Zip Code
12 Home address		13 City	14 State
			15 Zip Code
16 Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone			

Travel Information

17 Customer number	
18 Date of departure MM/DD/YYYY	19 Date of return MM/DD/YYYY

20 Property Values

Item(s)	Estimated Value	Have you received reimbursement?	If so, from whom?	How much?
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Total	\$			\$

Loss Information

21 Where and how did loss, theft, damage or delay occur?		
22 Date of loss, damage, or delay MM/DD/YYYY		
23a Was the baggage delayed? <input type="checkbox"/> Yes <input type="checkbox"/> No	23b If YES, for how long?	
24a Did loss or damage occur while your property was on or in the custody of common carrier? (I.E. airline, cruise line, railroad, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	24b If YES, list name of carrier	
25a Did you complete a report at the time of loss or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	25b If YES, provide a copy of report and list name and title of person to whom notice was given.	
26a Has a claim been filed against your common carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No	26b If NO, please do this immediately.	26c If YES, list amount.
	If YES have you been paid by the carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No	
27a Is there any other insurance that might cover this loss? (Homeowners, renters, credit card, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	27b If YES, please list the name of company, policy number, and full address.	

Other Insurance / Authorization

28a Do you have any other travel or out-of-country insurance through employer, spouse's employer, retirement plan or credit card? <input type="checkbox"/> Yes <input type="checkbox"/> No	28b If YES, please indicate name of insurance company
29 Plan number	30 Credit card issuing bank

I AUTHORIZE any insurance company, physician, hospital, and other health care providers, any travel organization or agency, airline carrier, rental agency, hotel, motel, or similar entity providing lodging on a rental/lease basis or any other person who may have knowledge regarding this claim, to release any information requested regarding this claim and the loss reported.

I UNDERSTAND the information obtained by use of the authorization, will be used by Seven Corners to determine eligibility for benefits under this plan. Any information obtained will not be released by Seven Corners to any person or organization EXCEPT to reinsuring companies, or other persons or organizations performing business or legal services in connection with my claim, or as may be otherwise lawfully required or as I further authorize.

I KNOW that I may request to receive a copy of the Authorization. I AGREE that a photographic copy of this authorization is as valid as the original. I AGREE that this Authorization shall be valid for two and one half years from the date shown below. I UNDERSTAND that it is illegal to knowingly file a false or fraudulent claim or to knowingly help someone else file one. I have read and understand the Fraud Notices on page 3 of this document.

31 Signature	32 Date MM/DD/YYYY
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Send this form and any accompanying documents to Seven Corners using any of the following methods:

MAIL Seven Corners, Inc. Attn: Claims PO Box 211379 Eagan, MN 55121 (Allow mail 7-10 days for delivery.)	FAX (+01) 317-575-2256	EMAIL tourclaims@sevencorners.com
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Call for help: Local **1.317.582.2658** or Toll-free **1.866.887.7148**

Payment Authorization Form

- To prevent any delays in claims handling, please be sure to sign this form.
- The **Name** in contact information must match exactly the name on the ACH, checking, or wire transfer account.
- Joint accounts require all names.

Contact Information

Name <i>Account Holder(s)</i>	Telephone		
Email address	I authorize Seven Corners, Inc. to contact me using this email address to discuss and/or inform me of payment confirmation. <input type="checkbox"/> yes <input type="checkbox"/> no		
Mailing address (P.O. boxes are not accepted)	City	State/Province/Region	ZIP/Postcode

1 Payment Type

<input type="checkbox"/> Check (check will ship to address above)	<input type="checkbox"/> ACH/EFT: US \$ Canada(CAD) \$ – complete section 2
<input type="checkbox"/> International Wire Transfer – complete section 3	

2 U.S. Account Information

Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Full Bank Name:		
Bank street address	City	State	Zip Code/ Postcode
ABA routing number	Account number	SWIFT BIC	

3 International/non-U.S. Account Information - Complete for payment through bank transfer outside the U.S.

Bank's full name			
Bank street address	City	State/Province/Region	Zip Code/ Postcode
Account number	Routing Number (BLZ, BSB, TRNO, branch code, etc.)		
IBAN	SWIFT BIC	Preferred reimbursement currency	

REGULATORY INFORMATION

Bank phone number	Identification number
	Account type: <input type="checkbox"/> ID <input type="checkbox"/> NIT <input type="checkbox"/> RIF <input type="checkbox"/> CPF <input type="checkbox"/> CNPJ <input type="checkbox"/> RUT <input type="checkbox"/> CUIT <input type="checkbox"/> OTHER

I hereby authorize Seven Corners, Inc. (hereinafter COMPANY) to mail any payments to the above listed address and to deposit any amounts owed me for reimbursement of medical expenses or services rendered by initiating credit entries to my account at the financial institution (hereby BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY erroneously deposits funds in my account (by way of example, I am not entitled to the funds or the amount of deposit is incorrect or such funds are deposited in the wrong account), I authorize COMPANY to debit or credit my account in the amount necessary to correct the initial deposit, but in no case shall any debit exceed the amount of the initial deposit. I further agree COMPANY is not responsible for any transaction fees charged and will release Seven Corners of any liability in the event of lost or stolen payments.

Account holder signature	Date
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