

Baggage Claim Form

Helpful Tips

- Include documentation from your common carrier (airline, cruise line, etc.) confirming the delay and the length of time your luggage was delayed. **Here's a guide to help you check that you have the correct supporting documents.** »
- Include receipts for additional expenses due to the baggage delay.
- Include a police report for theft.
- 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.
- Include proof of ownership for items claimed (purchase receipt, owner's manual, etc.).
- Send this signed form and any accompanying documents to Seven Corners within 90 days from the date of service using any of the methods listed to the right.

Upload

Login to your account and upload your documents
sevendcorners.com/login

Fax

317-575-2256

Email

claims@sevendcorners.com

(email attachments cannot be larger than 25 MB.)

Disclaimer: The furnishing of this form, or its receipt by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract. Any person who knowingly and/or with intent to injure, defraud, or deceive an insurance company or other person files a statement of claim containing false, incomplete or misleading information, may be guilty of insurance fraud and subject to criminal and substantial civil penalties.

Reason for Claim

1 Select the type of claim you need to file, you may have more than one:

Baggage Delay

Lost Baggage

Sports & Equipment Rental

Stolen Property

Damaged Baggage or Property

Primary Insured's Information

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

Claimant Information Same as Primary Insured

| | |
|--|-----------------------------|
| 17 Name of Claimant (The person who is filing this claim.) | 18 Date of birth MM/DD/YYYY |
|--|-----------------------------|

Travel Information

| | |
|--|------------------------------------|
| 19 Confirmation number | 20 Booking number |
| 21 Date of departure MM/DD/YYYY | 22 Date of return MM/DD/YYYY |
| 23 Original destination | 24 Travel supplier (if applicable) |
| 25 First day you made any payment for your land/sea/air arrangements. MM/DD/YYYY | |

26 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 | | \$ |
| | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| Total | \$ | | | \$ |

Loss Information

| | | |
|---|--|--------------------------|
| 27 Where and how did loss, theft, damage or delay occur? | | |
| 28 Date of loss, theft, damage, or delay MM/DD/YYYY | | |
| 29a Was the baggage delayed? <input type="checkbox"/> Yes <input type="checkbox"/> No | 29b If YES, for how long? | |
| 30a 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 | 30b If YES, list name of carrier | |
| 31a Did you complete a report at the time of loss or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | 31b If YES, provide a copy of report and list name and title of person to whom notice was given. | |
| 32a Has a claim been filed against your common carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No | 32b If NO, please do this immediately. If YES have you been paid by the carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No | 32c If YES, list amount. |

Other Insurance on next page.

Other Travel Insurance

| | | | |
|--|---|--------------------------|----------------|
| 33a 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 | 33b If YES, please indicate name of insurance company | | |
| 34 Address | 35 City | 36 State/Province/Region | 37 Postal Code |
| 38 Policy Number | 39 Phone Number | | |

**IMPORTANT: PLEASE SIGN AND DATE BELOW. RETURN WITH PAGES 1, 2, AND 4 OF THIS FORM.
FAILURE TO DO SO MAY DELAY/HINDER THE PROCESSING OF YOUR CLAIM.**

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 5 of this document.

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 such violation.

Insured's Signature Print Name Date

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 | Postal Code |

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/Province/Region | Postal Code |
| 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 | Postal Code |
| 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 relevant 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 |
|--------------------------|------|

Claim Form Fraud Statement - For residents of all states other than those listed below:

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.

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: 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.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a 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 an 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.

FLORIDA WARNING :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 felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KANSAS: 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 may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO 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.

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: 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: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: Any person who, with the 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 may have violated state law.

YOU DO NOT NEED TO RETURN THIS PAGE TO US