

Baggage Delay Claim

Helpful Tips

- Include documentation from your common carrier (airline, cruise line, etc.) confirming the delay and the length of time your luggage was delayed.
- 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.).
- Seven Corners processes claims for TravelSafe.
- 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.

Mail

(Allow mail 7-10 days for delivery of a check.)

Seven Corners, Inc.
Attn: TravelSafe Claims
 303 Congressional Boulevard
 Carmel, IN 46032 USA

Upload

Login to My Account and upload your documents www.travelsafe.com/upload

Fax

(+1) 317-575-2256

Email

ts.claims@sevencorners.com
 (email attachments can not be larger than 10 MB.)

1 Reason for Claim

- Baggage Delay Lost Baggage
 Stolen Property Damaged Baggage or Property

You may check more than one.

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
12 Home address		13 City	11 Zip Code
16 Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone		14 State	15 Zip Code

Travel Information

17 Confirmation number		18 Booking number	
19 Date of departure MM/DD/YYYY		20 Date of return MM/DD/YYYY	
21 Original destination		22 Travel agency name	
23 First day you made any payment for your land/sea/air arrangements. MM/DD/YYYY			

24 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

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

Other Insurance

31a 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		31b If YES, please indicate name of insurance company	
32 Address		33 City	34 State
			35 Zip Code
36 Policy Number		37 Phone Number	

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.

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.

38 Signature	39 Date MM/DD/YYYY
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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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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