



Date

Insured Name

Address Line1

Address Line2

RE: Claim No.:

Insured:

Policyholder:

Policy Number:

Date of Loss:

Type of Loss: Loss Damage Waiver

Insurance Company: Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies

Please accept this letter as confirmation that we received your claim involving Loss Damage to a rented vehicle. Please keep a copy of this letter for your records and use the claim number listed above when referencing your claim.

This policy provides **secondary** coverage for damage to Rented Automobiles, when Damage Waiver coverage is declined with the rental agency prior to the accident.

In order to promptly process your request, please complete all fields on the enclosed claim form and forward the following documents to us as soon as available:

- a) A copy of the credit card statement showing the purchase of the rented automobile; **(We must be able to see the first six digits of the credit card number and the pre-printed accountholder name and address. However, for security purposes we suggest that you block or remove the remaining digits of your card number.)**;
- b) A copy of the Rental Agreement;
- c) Estimate of the damages;
- d) Copy of the police report and/or a copy of the incident report (filed with Rental Agency);
- e) Complete and return the claim form which is attached below;

- f) Copy of the demand letter or invoice from the Rental Agency;
- g) Photographs of the damages;
- h) Confirmation of claim submission and settlement results/denial from your primary auto or other insurance carrier. **If no other insurance exists, please provide us with a signed statement to that effect.**

For faster service, please upload the completed and signed claim form and all required documents to:

www.myclaimsagent.com

Use website code: 001

Or mail the completed and signed claim form and all required documents to:

Claim Benefit Services
P.O. Box 459084
Sunrise, FL 33345

If you choose to mail your documents, please send a copy of your documents and retain the originals for your records. Claim Benefit Services is unable to return any submitted documents. You will be contacted by a claim adjuster if additional information or documentation is required.

For customers with hearing or speech disabilities, we accept telecommunications relay service calls.

Sincerely,

Claim Benefit Services
Fax# 855-830-3728
Document Upload: www.myclaimsagent.com
Website code: 001

Broadspire Services, Inc., a subsidiary of Crawford & Company, is a third party administrator assigned to act on behalf of Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies, to process your claim.

Rental Car Damage Claim Form
Insured's Statement
(Please print – Attach separate sheet if additional space required)

INSURED INFORMATION

Insured's Name _____ Claim Number# _____

Insured's Address _____

Primary Phone _____ Secondary Phone _____

Insured's Email Address _____

CLAIM INFORMATION

Please provide the full details of your claim, including date, time, place, and details of accident or loss: Date: ____/____/____ (MM/DD/YY) Time: _____ a.m. / p.m.

Location: _____

Details of loss: _____

Total amount of claim being made: \$ _____

Explanation of claimed amount: _____

Did police or other authorities investigate the accident or loss? **YES / NO**
If yes, please provide name, address and phone number of all investigating officers and agencies:

Name	Address	Phone Number

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Do you have any other insurance that may provide coverage for this accident or loss? **YES / NO**
If yes, please identify name, address, and policy number of all other insurance including personal or commercial auto, travel club, credit card loss or collision damage waiver coverage, etc:

Company Name: _____

Address: _____

Policy Number: _____

Has a claim been filed? **YES / NO** If yes, what is the current status of that claim? _____

Adjuster Name: _____ Adjuster Phone #: _____

Claim #: _____

If you do not have any other insurance that would cover this loss please complete the "Certification of No Other Insurance" portion of this form.

AUTHORIZATION

I authorize any insurance company, any travel organization or agency, airline carrier, cruise line, tour operator, 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 this information will be used by the Broadspire Services, Inc., a subsidiary of Crawford & Company, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original. I agree that this authorization shall be valid for the duration of this claim.

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

Signed (Insured or authorized person) _____

Date ____/____/____ (MM/DD/YY)

CERTIFICATION OF NO OTHER INSURANCE

I, _____ hereby certify that I had no personal or commercial auto insurance or any other insurance covering this loss.

Signed (Insured or authorized person) _____

Date ____/____/____ (MM/DD/YY)

IMPORTANT NOTICE

Notice to Alaska Claimants: 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.

Notice to Arizona Claimants: 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.

Notice to Arkansas Claimants: 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.

Notice to California Claimants: 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.

Notice to Colorado Claimants: 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.

Notice to Delaware Claimants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

Notice to District of Columbia Claimants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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Notice to Florida Claimants: 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.

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

Notice to Indiana Claimants: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Notice to Kentucky Claimants: 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.

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

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

Notice to Minnesota Claimants: A person who submits an application or files a claim with intent to defraud or helps commits a fraud against an insurer is guilty of a crime.

Notice to New Hampshire Claimants: 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.

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

Notice to New Mexico Claimants: 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 civil fines and criminal penalties.

Notice to New York Claimants: 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.

Notice to Ohio Claimants: 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 is guilty of insurance fraud.

Notice to Oklahoma Claimants: WARNING: 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.

Notice to Oregon Claimants: Any person who, knowingly and with intent to defraud an insurance company or other person, submits an application or files a claim for insurance that contains any materially false information relating to an insurance company's acceptance of risk, or conceals for the purpose of misleading, information concerning any fact material to an insurance company's acceptance of risk, may be guilty of a fraudulent act, which is a crime.

Notice to Pennsylvania Claimants: 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.

Notice to Rhode Island Claimants: 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.

Notice to Virginia Claimants: 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.

Notice to Claimants in all other states: Any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.