CHUBB®

Broadspire®
A CRAWFORD COMPANY

HOW TO FILE A NEW CLAIM

Complete all fields on the enclosed claim form and forward the applicable documents to us as soon as available:

Once Broadspire provides a designated claim number, then an option to submit claim documents can be used via www.myclaimsagent.com. Use default code 001, enter the customer's last name and enter the designated claim number to obtain user access and upload claim documents for that specific claim. Otherwise, claim documents can be remitted as follows:

Broadspire, a Crawford Company
Claim Benefit Services
P.O. Box 459084
Sunrise, FL 33345
Toll Free Phone#: 855-231-2867
Toll Free Fax#: 855-830-3728

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.

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.

Broadspire®
A CRAWFORD COMPANY

Lost/Damaged Baggage Protection
Insured's Statement
(Please print – Attach separate sheet if additional space required)

INSURED INFORMATION

Insured's Name_____ Claim#: _____

Insured's Address_____

Primary Phone No. _____ Secondary Phone No. _____

Insured's Email Address: _____

CLAIM INFORMATION

Date trip was booked (if applicable) ____/____/____ (MM/DD/YY)
(required for credit card travel related claims)

Date of loss or damage ____/____/____ (MM/DD/YY) Time of day _____ a.m. p.m.

Name of passenger(s) traveling whose bag was affected: _____

*Relationship to cardholder: _____

*Additional documentation may be required to confirm the relationship of the affected person(s) to cardholder

Please describe in detail where and how the loss or damage occurred:
_____
_____
_____
_____

Please describe in detail the nature and extent of loss or damage:
_____
_____
_____

Did the loss or damage occur while the insured's property was on or in the custody of a common carrier (e.g., railroad, airline, cruise ship, bus, taxi, etc.)? **YES / NO**
If yes, please complete the following:

Name of carrier: _____Flight/trip/tour number:_____

Was the carrier notified at the time of the loss or damage? **YES / NO**
If yes, please identify where, when and to whom (name and title) notification was given:

_____
_____

Was extra valuation on property declared? **YES / NO** If yes, how much? _____

Was baggage checked at the time of loss or damage? **YES / NO**
If yes, please enclose claim check.

Has formal claim been filed against the carrier? **YES / NO**

If yes, has payment been made to you? **YES / NO** If yes, amount received? $_____

Do you have any other insurance that may provide coverage for this or loss? **YES / NO**
If yes, please identify name, address and policy number of all other insurance including homeowners, travel club, credit cards, etc.:_____

_____
_____
_____

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

Was loss reported to police or other authorities? **YES / NO** If yes, please identify where, when and to whom (name and title) loss was reported and case number:

_____
_____Case #_____

Valuation[1] of Lost and/or Damaged Property

Description	Date & Place of Original Purchase	Original Purchase Price	For Whom Was the Item Purchased?	Replacement Cost/ Estimate	Amount Claimed

([1] Attach bills of sale, receipts or estimates- attach a separate sheet if additional space is required)

Are any claimed items used in your business, occupation or profession? _____
If yes, identify the item(s) by * above.

If possible, please identify the total financial amount being claimed: $ _____

Attach the following documents (as applicable):

- Copy of payment or denial from common carrier (e.g., airline, railroad, cruise ship, bus, etc.)
- Copy of payment or denial from Homeowner's, Renter's or any other insurance providing coverage for this loss
- Copy of credit card statement and all receipts or estimates for all property lost or damaged

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 have no homeowner, renter or any other travel insurance covering this loss and further attest that I have not submitted a claim for this loss under any other policy.

Signed (Insured or authorized person) _____

Dated ____/____/____ (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 many 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.

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.