


InsureandGo USA – Trip Interruption Claims Form

<p align="center">Insure and Go USA Claim Form</p> <p>7300 Corporate Center Drive Suite 601 Miami, FL 33126</p>	Date:	
	Claim No.:	

Trip Interruption				
Name of Insured				
Home Address				
State		City		Zip
Home Telephone			Date Of Birth	
Cell Phone			E-mail Address	
Mailing Address, if different from Home Address:				
Street Address				
State		City		Zip
Plan Information/ Trip Information				
Policy #			Date Incident Occurred	
Departure Date			Return Date	
Original Destination			Travel Agency Name	
Date of Initial Deposit/Payment			Travel Agency Phone #	
Traveling Companions (Please indicate name and relationship to you)				
1.			6.	
2.			7.	
3.			8.	
4.			9.	
5.			10.	

InsureandGo USA – Trip Interruption Claims Form

Please Complete The Section Below.

Documents You Need to Send Us – SEND DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS

- Original evidence to show your dates of outward and return travel, (e.g. booking invoice, travel tickets, itinerary etc. and a full breakdown of the total trip cost).
- All unused and used travel tickets, itineraries etc.
- Original evidence of all additional travel expenses.
- If the trip interruption is due to a medical condition, including death, a medical affidavit should be completed by the primary physician of the individual whose condition has caused the submission of this claim.
- If the trip interruption was due to injury or illness of a person while en route; please provide written confirmation from the local treating physician to confirm the medical necessity of the interruption.
- If trip interruption is due to a death, we require a certified copy of the death certificate. In addition, if the deceased was an insured person, we require a copy of the Letters of Administration issued in respect of the deceased's estate.
- If this claim is being submitted as a result of an injury please provide a full description of the incident leading to the injury, if a third party was involved please provide their details and those of their insurer if available.
- If the trip interruption is for a reason other than those detailed in points 3 and 4 please forward independent written evidence of the incident or circumstances that have resulted in the submission of the claim.
- Proof of payment for the trip (e.g. credit card statement, cancelled check, common carrier and travel supplier receipts).
- Statement from common carrier and travel supplier indicating if any refund, reimbursement, credit, and/or voucher was issued. If no refund, reimbursement, credit, or voucher was issued, a Copy of the Cancellation terms and conditions must be provided to verify you are not entitled to reimbursement or credits from any other source.

Please answer ALL questions below

Dates of scheduled return and actual return							
Scheduled return date		No. of days booked		Actual return date		No. of days unused	
If your trip interruption was due to a person who was not travelling with you, please state their name and relationship to you							
Name				Relationship			
Was any attempt made to revalidate or use your original tickets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If answer is YES , were you successful in your attempts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
If NO for either question above, then please provide an explanation as to why no attempt was made to revalidate your tickets (continue on separate sheet if necessary):							

InsureandGo USA – Trip Interruption Claims Form

Names and ages of all travelers affected by the trip's interruption				
#1	Name		Date of Birth	
#2	Name		Date of Birth	
#3	Name		Date of Birth	
#4	Name		Date of Birth	
#5	Name		Date of Birth	
#6	Name		Date of Birth	
#7	Name		Date of Birth	
#8	Name		Date of Birth	
#9	Name		Date of Birth	
#10	Name		Date of Birth	

<p>Please detail the reasons for trip interruption (continue on a separate sheet if necessary)</p>	
---	--

List of additional and unused prepaid expenses (continue on a separate sheet if necessary)					
Receipt No.	Date	Description of item	Currency	Amount	Paid Y/N

Total Claimed	
----------------------	--

InsureandGo USA – Trip Interruption Claims Form

Other Insurance

- a. Do you (or anyone else claiming) have any other insurance which may cover this trip? (i.e. Travel Insurance with your bank/credit card account, tour operator/travel agent or home owners insurance, etc.)
- b. If yes, please supply the following details:

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

Company name		Policy Number	
Company Address			
State		City	Zip

Has a claim been submitted to any other company for this incident?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

Please provide details:

Please select the method of payment for the trip. **Note** – more than one selection can be made so please select all that apply.

Trip Payment Methods	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Reward Points/Air Miles
-----------------------------	-------------------------------	--------------------------------	--	--

If a Credit/Debit card was used to pay all or some of the trip cost, please state:

Name of issuing bank and type (Visa, MC, AMEX)	Card account number

Previous claims

Have you made any previous claims under this type of insurance?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

If yes please give details:

Were you aware of any reason why the trip might have needed to be cut short at the time of policy purchase of the policy or on the date of travel?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

If yes, please provide additional information:

InsureandGo USA – Trip Interruption Claims Form

STATE FRAUD WARNING LANGUAGE

Alabama

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof."

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."

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."

Arkansas

"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."

California

IN GENERAL: "For your protection California law requires the following to appear on this form: Any person who knowingly presents 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

Delaware

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

District of Columbia

"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." [DC Code]

Florida

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

Indiana

"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."

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."

Louisiana

"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."

InsureandGo USA – Trip Interruption Claims Form

Maine

"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 denial of insurance benefits."

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."

Minnesota

"A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

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

"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."

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

"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."

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."

Rhode Island

"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."

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 the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Virginia

"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."

Washington

"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."

West Virginia

"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."

InsureandGo USA – Trip Interruption Claims Form

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 Signature: _____ Date: _____

AUTHORIZATION	
The undersigned represents and warrants information or documents provided to InsureandGo USA by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.	
Signature of Claimant 1:	Date:
Signature of Claimant 2:	Date:
Signature of Claimant 3:	Date:
Signature of Claimant 4:	Date:

InsureandGo USA – Trip Interruption Claims Form

Each person filing a claim must sign and date below.

_____ Signature of Claimant	_____ Date
_____ Signature of Claimant	_____ Date
_____ Signature of Claimant	_____ Date
_____ Signature of Claimant	_____ Date

Return the complete form via email, fax, or mail to:



E-mail: claims@insureandgousa.com



Fax: (877)570-9801



Insure & Go USA
Mail: 7300 Corporate Center Dr. Suite 601
Miami, FL 33126

For any questions please contact the below phone number.
Monday – Friday 9:00 AM to 5:00 PM EST



Phone: (888)491-4577

Insurance underwritten by American Commerce Insurance Company
Plan administered by Insure & Go Insurance Services USA, Corp