



# Baggage & Personal Effects

## Claim Form & Claimant's Statement

### PRIMARY PLAN PARTICIPANT'S INFORMATION:

Certificate Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### TRAVEL SUPPLIER / PROVIDER INFORMATION:

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Date Travel Arrangements were Made: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Initial Payment Deposit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Scheduled Date of Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Scheduled Date of Return: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Origination: \_\_\_\_\_ Destination: \_\_\_\_\_  
Flight Number: \_\_\_\_\_ Flight Number: \_\_\_\_\_  
Air Carrier: \_\_\_\_\_ Air Carrier: \_\_\_\_\_

### LOSS INFORMATION:

Date of Loss or delay: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please describe what occurred: \_\_\_\_\_  
Place of Loss: (airport, hotel, rental agency, etc.) \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

### DOCUMENTATION REQUIREMENTS:

Depending upon the circumstance involved in the loss, one or more of the following items may be required to complete the processing of your claim. Please place a check by those items you have attached. We recommend you keep copies of any items submitted with this claim.

- \_\_\_\_\_ Airline Ticket Stub/Receipt
- \_\_\_\_\_ Baggage Claim Stub/Receipt
- \_\_\_\_\_ Police Report

\_\_\_\_\_ Statement from Hotel/Motel, Airline Carrier or Airport Facility that concerns your lost property.

**Note:** You must file a report with the appropriate authorities for damaged, lost or stolen property.

\_\_\_\_\_ Car Rental Agreement

\_\_\_\_\_ Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, hotel/motel or other similar establishment or any other insurance company providing reimbursement to you for the loss.

\_\_\_\_\_ Proof of ownership of the items lost or stolen

**Note:** Acceptable forms of proof of purchase include credit card statements, sales receipts or cancelled checks.

\_\_\_\_\_ Original purchase receipts for additional expenses claiming as a result of your luggage delay

\_\_\_\_\_ Other (please describe): \_\_\_\_\_

**DESCRIPTION OF LOST / STOLEN / DAMAGED/ADDITIONAL EXPENSES ITEMS:**

Item(s):	Estimated Value:	Have you received reimbursement?	If so, from whom?	How much?
	\$	Yes ___ No ___		\$
	\$	Yes ___ No ___		\$
	\$	Yes ___ No ___		\$
	\$	Yes ___ No ___		\$
	\$	Yes ___ No ___		\$
	\$	Yes ___ No ___		\$
	\$	Yes ___ No ___		\$
	\$	Yes ___ No ___		\$
	\$	Yes ___ No ___		\$
Total	\$			\$

**OTHER INSURANCE / AUTHORIZATION:**

Do you have any other type of insurance? \_\_\_\_\_

If so, please provide the Company Name and Address: \_\_\_\_\_

Type of Policy: \_\_\_\_\_ Policy #: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

I AUTHORIZE any insurance company, 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.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**MAILING INSTRUCTIONS:**

Send this form and any accompanying documentation to:

Seven Corners, Inc.  
**Attn: Claims Dept.**  
303 Congressional Boulevard  
Carmel, IN 46032  
Fax (317) 575-2256 / e-mail: [claims@sevencorners.com](mailto:claims@sevencorners.com)

## **FRAUD STATEMENTS**

**General:** 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.

**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, Louisiana, Maryland, 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.

**California:** 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Connecticut:** This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

**Delaware, Idaho, Indiana:** 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.

**Florida:** 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.

**Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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.

**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 a denial of insurance benefits.

**Michigan, North Dakota, South Dakota:** Any person who knowingly and with intent to defraud any insurance company or another 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, and subjects the person to criminal and civil penalties.

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

**Nevada:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

**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 section 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.

**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.

**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.

**Oregon:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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.

**Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes 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.