



Trip Cancellation / Trip Interruption Claim Form



Claims Department:

Red Sky Claims, C/O Arch Insurance Company

Executive Plaza IV, 11350 McCormick Road, Suite 102, Hunt Valley, MD 21031

Toll Free Phone: (866) 889-7409 | **Fax:** (443) 279-2901 | **E-mail:** redsky@archinsurance.com

Any person who knowingly presents a false or fraudulent claim for payment of 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.



To be completed by the Insured / Guest

Name of Insured / Guest		Reservation #
Address	Work Phone #	Home Phone #
	E-mail Address	Date of Birth
Date of Initial Trip Deposit	Date Incident Occurred	Date Cancelled / Interrupted with Property Management Company
Scheduled Departure Date	Scheduled Return Date	Do you plan to use your airline voucher within one year of original ticket cancellation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other travel insurance?		If so, please provide the name and address of the company
Name of leaseholder on the rental property and the names of all guests occupying the property		
Complete the following and attach the required documentation (see page 2). Please print clearly. Please briefly explain your claim:		

To be completed by Insured / Guest if claim is due to sickness or injury

Name of patient	DOB (mm/dd/yy)	Relationship to Insured / Guest
Was the patient scheduled to go on a trip? (trip activities, cruise, flight, etc.)	Destination	Departure Date
Date symptoms first appeared (mm/dd/yy)	Date first seen by physician (mm/dd/yy)	Did accident resulting in injury involve a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the names of all involved parties, insurance carriers, and policy numbers.		
Was a police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please identify the Police Department where it was filed.	
Was the patient treated for this condition prior to insurance purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
If trip was cancelled due to death, please provide a copy of death certificate and relationship to Insured / Guest.		
Name & address of family physician who first treated the condition	Physician's Phone #	Physician's Fax #
Name & address of primary care physician where patient resides	Physician's Phone #	Physician's Fax #
Name & address of other physician(s) who treated the condition and specialty	Physician's Phone #	Physician's Fax #
Name of Hospital (if hospitalized)	Date(s) Admitted & Discharged	Hospital Phone #
Indicate other Health Insurance coverage, including name, address, and policy number:		
Please advise names of any prescription medications presently taken.		



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Required Documents for Trip Cancellation

All of the requested information below is necessary for the processing of the Insured / Guest's claim.
Any omitted items will delay processing.

- ✓ Verification and documentation of the reason for your trip was interrupted, cancelled or delayed. If interruption was due to a medical reason, please submit proof of medical treatment at the point of interruption.
- ✓ The Physician's Statement completed in full by the physician rendering treatment if due to illness or injury.
- ✓ Include any and all receipts and proof of payment, such as cancelled checks and credit card statements related to your trip costs. Include proof of insurance payment. Required documents include, but are not limited to the following:
 - Property management company invoice
 - Proof of insurance payment
 - Total transportation cost (airline, train, or bus tickets)
 - Unused airline ticket(s) or original receipt
 - Statement from airline providing their cancellation penalties
 - Receipt / airline ticket showing the upgrading expense
 - Refunds and vouchers received showing refunds
- ✓ If death is the reason for the claim, please provide a copy of death certificate.
- ✓ If claimant is other than leaseholder, please provide a signed written statement from leaseholder listing all guests occupying the rental property.

Category	Amount
Airfare	\$ _____
Rental Cost	+ \$ _____
Total Expenses	\$ _____
Less Refunds	- \$ _____
Total Claim Amounts	\$ _____

Authorization to Disclose Information

Trip Preserver Product is Underwritten by Arch Insurance Company.

To any medical care provider, medical care facility, insurer, government-sponsored health plan, or employer: I authorize the release of any medical information about me to Arch Insurance Company, or its authorized representative. This applies to all information about the diagnosis, treatment, or prognosis of any illness or injury I now have or have had in the past. To any insurance company, any travel organization or agency, airline carrier, cruise line, your 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: I authorize the release any information required regarding this claim and the loss reported.

The company will use this information to determine if any claim is eligible. Any information obtained will not be released by the Company except to my primary health insurance carrier (if any) or persons or organizations performing investigation or legal services for the Company in connection with my claim. A copy of this authorization shall be considered as effect and valid as the original and shall remain in effect for one year from the date of authorization. I certify that the information given by me in support of my claim is true and correct. 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 or insurance fraud.

Patient's or Authorized Representative's Signature _____ Date _____

If Authorized Representative, Relationship to Patient _____

or Legal Designation _____



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Physician Statement <i>To be completed by Physician Rendering Treatment</i>		
Patient's Name	Insured / Guest Name	Reservation #
Diagnosis and or ICD-9 Code		
What is the exact date the symptoms first appeared? (mm/dd/yy)		When did the patient first consult you for this condition? (mm/dd/yy)
Did you advise the trip be cancelled or interrupted due to the patient's medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain why.	
Has the patient ever had the same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the date? (mm/dd/yy)	
Is the condition a complication of an underlying condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	List all dates you provided treatment for this condition. (mm/dd/yy)	
Was the patient referred to you by another physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the date referred? (mm/dd/yy)	
Name of Rendering Physician		Phone #
If the patient was hospitalized, provide name of hospital		
Was this an emergency room admission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Admitted (mm/dd/yy)	Date Discharged (mm/dd/yy)

Physician Rendering Treatment Information and Signature		
Physician's Name	Physician's Employer ID #	
Physician's Specialty	Phone #	Fax #

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information may be guilty of a criminal act punishable by law.

I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

Signature of Physician

Date

Trip Preserver Product is Underwritten by Arch Insurance Company.

The laws of some states require us to furnish you with the following notices:

WARNING. Any person who knowingly:

Alaska: 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, Arkansas and Rhode Island: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR and RI: 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: 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: and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky, New York, and Pennsylvania: and with intent to defraud any insurance company or other person files an application for insurance, or files a statement of claim, containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, specific to PA: subjects such person to criminal and civil penalties and specific to NY: 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.

Louisiana, New Mexico, Texas and West Virginia: presents a false or fraudulent claim for the payment of a loss (or specific to LA, TX and WV: who knowingly presents false information on an application for insurance) is guilty of a crime and may be subject to fines and confinement in state prison, (or specific to NM: to civil fines and criminal penalties.)

Maryland: and willfully presents a false or fraudulent claim for payment of 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.

New Jersey: files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: 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: and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Puerto Rico: and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

WARNING:

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 form insurance proceeds shall be reported to the Colorado Division of Insurance withing the Department of Regulatory Agencies.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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

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 the 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.

Tennessee and Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurer or insurance company for the purpose of defrauding the insurer or insurance company. Penalties include imprisonment, fines and denial of insurance benefits.