



# Security Deposit Waiver Insurance 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 Property Manager

Note: Initial claim form must be submitted by the Property Management Company to Red Sky within 60 days of notice of the damage, along with documentation of the damage, copies of the account summary and the paid invoice for the repair or replacement of the damaged item. The claim should not be submitted until after the repair is made and the invoice for the repair has been paid or the replacement item purchased.

Property Management Company Name		
Property Address		
Unit #	Reservation #	
Name on Reservation	Check-in Date	Check-out Date
Date of Insurance Purchase	Cost of Insurance	
Nature of incident that caused the damage (on theft claims include a copy of police report filed by the guest). Please print clearly.		
How was the damage reported? <input type="checkbox"/> Guest <input type="checkbox"/> Housekeeping <input type="checkbox"/> Unit Inspector		
Please provide name and contact information of person reporting damage:		Date Reported
Corrective action to be taken (include receipts and repair bills with proof of payment. <b>Photos required for all claims of \$500 or more</b> ). Please print clearly.		
Total Expenses Being Claimed		
<p>Note: The Property Manager is required to secure and retain damaged property for 60 days from the date the claim is submitted to Red sky. Photographs of the property damage may be required. (Photos required for all claim requests of \$500 or more).</p>		
Name of Property Manager		Phone #

\_\_\_\_\_  
**Signature of Person completing this report (required)** \_\_\_\_\_  
**Date**

Additional correspondence including receipt / invoice must be submitted within 120 days of the filing to be eligible for reimbursement. This policy will be strictly adhered to. (If payment is to be issued to anyone other than the Property Management Company, please indicate to whom payment should be issued to.)

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.