Claims Administration
OLD REPUBLIC INSURANCE COMPANY OF CANADA
Box 557, 100 King Street West
Hamilton, Ontario L8N 3K9
Toll Free: 888.831.2222
Fax: 866.551.1704

TRIP CANCELLATION, TRIP INTERRUPTION OR TRIP DELAY NON MEDICAL CLAIM FORM

Please Note: *Benefits under any coverage will not be paid for expenses reimbursed or services provided by any other source. Benefits cannot be duplicated under this Protection Plan.*

PROOF OF CLAIM MUST BE SUBMITTED WITHIN 90 DAYS OF THE OCCURRENCE

Part I GENERAL INFORMATION

Claimant's Name *(Last, First)*	Policy No.	Date of Birth
Full Address		
Home Phone No.	Business Phone No.	

Full name of all persons claiming	Ages	Relationship to Claimant	Policy No.
1)			
2)			
3)			
4)			

Tour Operator's Name (e.g. Cruise Line, Airline, etc)		
Travel Agency's Name	Travel Agent's Name	Telephone No.
Travel Agency's Full Address		

Date Initial Deposit Paid for Trip *(MM / DD / YY)*	Date of Final Payment for Trip *(MM / DD / YY)*	Departure Date *(MM / DD / YY)*	Scheduled Return Date *(MM / DD / YY)*	Actual Return Date *(MM / DD / YY)*
Departure City		Destination *(City, Country)*		

Part II EXPLANATION OF LOSS

Type of claim ❑ Cancellation ❑ Interruption ❑ Delay

Reason for cancellation/interruption/delay

Total Amount of Claim (in CDN $)	Tour Cost Per Person (in CDN $)	Cruise Cost Per Person (in CDN $)	Air Fare Per Person (in CDN $)
Date trip was cancelled/interrupted/delayed *(MM / DD / YY)*	Length of delay (hours, days)	Did you receive a refund from the Travel Agent/Tour Operator after cancellation? ❑ Yes ❑ No	If Yes, please indicate amount

Please Indicate Any Additional Expenses Incurred due to the Trip Interruption/Trip Delay (e.g. accommodation, transportation, meals)

Type of Expense	Date incurred *(MM / DD / YY)*	Amount
1)		
2)		
3)		

Please enclose the original receipts for the above claimed expenses

IMPORTANT – CLAIM CANNOT BE PROCESSED IF THIS FORM IS INCOMPLETE. PLEASE COMPLETE ALL APPLICABLE AREAS.

EXPLANATION OF LOSS CONTINUED

Scheduled number of nights on Trip	Number of nights missed due to Interruption/Delay	Was the Interruption/Delay caused by the Common Carrier? (i.e. Airline, Cruise Line, etc) ❑ Yes ❑ No	If Yes, was any compensation received? ❑ Yes ❑ No

If Yes, please explain or indicate amount *(in CDN $)*	Name of Airline on which you returned home or rejoined Trip
Point of departure	Destination

Date returned home or rejoined Trip *(MM / DD / YY)*	Was this the lowest fare available? ❑ Yes ❑ No	Was a substitute flight provided by the Tour Operator/Airline? ❑ Yes ❑ No

Is the original unused return ticket enclosed? ❑ Yes ❑ No	If Not, Please Explain

IF THE INTERRUPTION/DELAY WAS CAUSED BY THE COMMON CARRIER, PLEASE ATTACH WRITTEN NOTIFICATION FROM THE COMMON CARRIER REGARDING CANCELLATION OR PROVIDE DETAILS REGARDING DELAY AND TIMES.

Part III OTHER COVERAGE

Did you purchase any portion of your trip on a Credit Card? ❑ Yes ❑ No	If Yes, name and type of Credit Card (e.g. Visa Gold card)	
Do you have any other Insurance Coverage/Plans? (e.g. Travel, Credit Cards, etc) ❑ Yes ❑ No	Has your loss been reported to any other Insurance Company? ❑ Yes ❑ No	If Yes, which Company?
1) Name of Insurance Company	Policy No.	Telephone No.
Address of Insurance Company		
2) Name of Insurance Company	Policy No.	Telephone No.
Address of Insurance Company		

I DECLARE THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND CORRECT.

I/We authorize any other insurance plan, under which I/We have coverage, to disclose information as may be necessary or to make payment in respect of my/our claim to Old Republic Insurance Company of Canada directly. I/We also authorize Old Republic Insurance Company of Canada to disclose to any other Plan, under which I/We have coverage, any and all information as may be necessary with respect to my/our claim.

Signature of Insured/Claimant _____ Date *(MM / DD / YY)* _____

Signature of Insured/Claimant _____ Date *(MM / DD / YY)* _____