



Travelers Claims Department
 4600 Witmer Industrial Estates, Suite 6
 Niagara Falls, NY 14305
 Telephone: 888-322-6776
 Fax: 877-367-2496

TRIP DELAY OR TRIP INTERRUPTION

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 <i>(Last, First)</i>				Conf. 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			Date of Final Payment for Trip			Departure Date		Scheduled Return Date		Actual Return Date
<i>(MM / DD / YY)</i>			<i>(MM / DD / YY)</i>			<i>(MM / DD / YY)</i>		<i>(MM / DD / YY)</i>		<i>(MM / DD / YY)</i>
Departure City					Destination <i>(City, Country)</i>					

Part II				EXPLANATION OF LOSS			
Type of claim <input type="checkbox"/> Cancellation <input type="checkbox"/> Interruption <input type="checkbox"/> Delay							
Reason for cancellation/interruption/delay							
Total Amount of Claim (in US \$)		Tour Cost Per Person (in US \$)		Cruise Cost Per Person (in US \$)		Air Fare Per Person (in US \$)	
Date trip was cancelled, interrupted or delayed		Length of delay (hours, days)		Did you receive a refund from the Travel Agent/Tour Operator after cancellation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please Indicate amount	
<i>(MM / DD / YY)</i>							
For Trip Delay, please Indicate Any Additional Expenses Incurred (e.g. accommodation, transportation, meals)							
Type of Expense			Date incurred <i>(MM / DD / YY)</i>			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) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, was any compensation received? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain or indicate amount (in US \$)		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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a substitute flight provided by the Tour Operator/Airline? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a credit for future travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the original unused return ticket enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your loss been reported to any other Insurance Company? <input type="checkbox"/> Yes <input type="checkbox"/> 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 directly. I/We also authorize Old Republic Insurance Company 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)

CLAIM FORM FRAUD REQUIREMENTS****MANDATORY: Please Read and Sign Below******All States Other Than Those Listed:**

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.

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.

California

For your protection California law requires the following to appear on this form: 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.

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 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 Affairs.

Delaware

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a 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

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or application 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 insurer files a statement or claim 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.

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.

Maryland

Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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 procedures.

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

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.

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.

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.

I CERTIFY THAT I HAVE READ THE FRAUD STATEMENT THAT APPLIES TO MY STATE OF RESIDENCE. IF MY STATE OF RESIDENCE IS NOT LISTED, I CERTIFY THAT I HAVE READ THE "ALL OTHER STATES OTHER THAN THOSE LISTED"

Signature

Date

(MM / DD / YY)