

Trip Cancellation Claim Form

Travel Insured International, Inc.
 P.O. Box 6503, 855 Winding Brook Drive
 Glastonbury, CT 06033-6503
 Phone: 1-800-243-3174
 Email: claims@travelinsured.com, www.travelinsured.com

Corporate Travel Service(CTS) this was our travel company.
 This is just an example. Please fill out an authentic Document. You have 15 months to fill this out and send in.

In email from CTS

Section 1 - To Be Completed by the Planholder Who is Claiming Benefits

| | | |
|---|--|---|
| Name and Address of Planholder [Redacted] Enter Lead Booker information | Date of Birth Lead Booker | Plan/Policy # [Redacted] |
| | Primary Phone # [Redacted] | Alternate Phone # |
| | Trip Departure Date 6/8/2020 | Trip Return Date 6/11/2020 |
| Planholder's Email [Redacted] Parent email | Initial Trip Deposit Date See Invoice from CTS | Date Incident Occurred Cancel date from CTS email |
| Name and Address of Travel Coordinator/Travel Agent Corporate Travel Service 41780 W. Six Mile Rd Northville, MI48168 | Coordinator's Phone # 800-727-1999 | Date Trip Cancelled See Invoice from CTS |
| | Coordinator's Email info@ctscentral.net | |
| Names of travel companion(s) N/A | | |
| Please briefly explain the circumstances of your claim: COVID-19 Concerns | | |
| Do you have any other travel insurance that may provide coverage for this claim? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify the name of the travel insurance company: | | |
| <input type="checkbox"/> Check this box if you would like eligible claim payments to be made electronically. To do so, you must have a U.S. address and account with a U.S. bank. You must also provide an email address in the Planholder's Email field above. | | |

Section 2 - Claimed Expenses

Enter the total of all claimed expenses in the table below. You will need to provide supporting documentation in order for the claim to be processed.

| Category | Amount | Definition |
|--------------------|------------------------------|---|
| Airfare Expense | \$ | Value of unused airline tickets ** |
| Land/Sea Expense | \$ | Cost of land or cruise arrangements |
| Tour Expense | \$ \$795 | Hotels or any other non-refundable trip costs |
| Total Expenses | \$ \$795 | Sum of all the above expenses |
| Refunds | on CTS Document \$ | Refunds received |
| Total Claim Amount | \$ \$470 | Total expenses minus refunds |

** If you are claiming an amount for unused Airfare, do you plan on using the tickets within 1 year from the issue date? Yes No

Section 3 - Declaration

Please proceed to page 2 of this form and read the appropriate fraud notice for your state of residence. After reading, please sign and date the Claim Form Fraud Statement and send it to us with your claim submission.

NOTE: Submissions will not be considered complete without a signed Claim Form Fraud Statement.

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CLAIM FORM FRAUD STATEMENT

For residents of all states other than those listed below: 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.

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.

Alaska and 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, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and 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 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.

Florida: **WARNING:** 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.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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 penalties.

New Mexico and 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.

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.

Tennessee and Virginia: 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.

Texas: Any person who knowingly presents a 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.

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.

I have read the foregoing Claim Fraud Notice for my state of residence and the answers on this claim form are true and complete according to the best of my knowledge and belief.

Signature of Planholder

Date