


InsureandGo USA – Trip Delay or Missed Connection Claims Form

<p align="center">Insure and Go USA Claim Form</p> <p>7300 Corporate Center Drive Suite 601 Miami, FL 33126</p>	Date:	
	Claim No.:	

Trip Delay or Missed Connection				
Name of Insured				
Home Address				
State		City		Zip
Home Telephone			Date Of Birth	
Cell Phone			E-mail Address	
Mailing Address, if different from Home Address:				
Street Address				
State		City		Zip
Plan Information/ Trip Information				
Policy #			Date Incident Occurred	
Departure Date			Return Date	
Original Destination			Travel Agency Name	
Date of Initial Deposit/Payment			Travel Agency Phone #	
Traveling Companions (Please indicate name and relationship to you)				
1.		6.		
2.		7.		
3.		8.		
4.		9.		
5.		10.		

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Please Complete The Section Below.

Documents You Need to Send Us – SEND DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS

- All claims - Evidence of travel showing names of all claimants and dates of scheduled departures and return dates. (booking invoice, travel tickets, itinerary etc.).
- Trip delay claims- You will need to submit a letter from the transport company (airline, Bus Company etc.) with whom you were travelling when the delay occurred, detailing the cause and length of the delay you suffered.
- Missed connection (cruise only) - A letter from the relevant transport company with whom you were travelling confirming the reason for and length of the delay that caused you to miss your connection. OR, if the claim is as a result of an accident, a report from the police, Highways Agency or other similar authority. Provide evidence applicable to your claim.
- A copy of the complete altered itinerary issued by the travel supplier or common carrier due to the delay, including reservation numbers.
- Itemized receipts for additional expenses incurred due to the delay.
- If the delay was caused by the loss or theft of passports or travel documents, a copy of a report filed with the government entity is required.

If losses are being claimed for non-refundable pre-paid, unused portions of the trip that were lost due to the delay or missed connection, the following documentation will also be required:

- Proof of payment for the unused portion of your covered trip.
- Documentation from the travel supplier and common carrier to verify portions of the trip that were not used due to the delay or missed connection.
- Documentation from the travel supplier and common carrier verifying no refund, reimbursement, credit, or voucher was issued for the unused portion of the covered trip.

Please provide a written explanation if you are unable to supply any of the documentation requested.

Please answer ALL questions below

Please check the type of delay that occurred. Please select only one type.	<input type="checkbox"/> Trip Delay	<input type="checkbox"/> Missed Connection	Amount Claimed	
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Please proceed to the next page to begin providing information regarding the Trip Delay or Missed Connection.

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Trip Delay Claims Only					
Please state the reason for the delay					
Scheduled Departure (Date and Time)			Length of delay (hours and minutes)		
Actual Departure (Date and Time)			Name of Common Carrier		

Missed Connection (Cruise Only)					
Date and Time of departure from point of trip origin			Date and Time of your scheduled connection		
Place of your scheduled departure			Place/location of your scheduled connection		
At what point in your trip did the delay occur/commence?			Date/Time travel actually started or resumed?		
Details of arrangement to reconnect or resume trip					

Important - If the claim is submitted as a result of a motor vehicle accident involving a third party please provide their details and those of their insurers below.

Third Party Information					
Third Party's Name			Third Party Street Address		
State			City	Zip	
Third Party Insurer's Information					
Insurer's Name			Insurer's Street Address		
State			City	Zip	
Policy No			Claim No		

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STATE FRAUD WARNING LANGUAGE

Alabama

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof."

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."

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."

Arkansas

"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."

California

IN GENERAL: "For your protection California law requires the following to appear on this form: Any person who knowingly presents 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

Delaware

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

District of Columbia

"WARNING: 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." [DC Code]

Florida

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

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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 denial of insurance benefits."

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."

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 penalties."

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."

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

"WARNING: 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."

Rhode Island

"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."

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."

Texas

"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."

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."

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."

West Virginia

"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."

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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."

Insured Signature: _____ Date: _____

AUTHORIZATION	
The undersigned represents and warrants information or documents provided to InsureandGo USA by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.	
Signature of Claimant 1:	Date:
Signature of Claimant 2:	Date:
Signature of Claimant 3:	Date:
Signature of Claimant 4:	Date:

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Each person filing a claim must sign and date below.

_____ Signature of Claimant	_____ Date
_____ Signature of Claimant	_____ Date
_____ Signature of Claimant	_____ Date
_____ Signature of Claimant	_____ Date

Return the complete form via email, fax, or mail to:



E-mail: claims@insureandgousa.com



Fax: (877)570-9801



Mail: ATTN: Claims
Insure & Go USA
7300 Corporate Center Dr. Suite 601
Miami, FL 33126

For any questions please contact the below phone number.

Monday – Friday 9:00 AM to 5:00 PM EST



Phone: (888)491-4577

Insurance underwritten by American Commerce Insurance Company
Plan administered by Insure & Go Insurance Services USA, Corp