



**BAGGAGE & PERSONAL EFFECTS,  
BAGGAGE DELAY  
CLAIM FORM**

Please complete this by typing or  
printing clearly in ink and return to:

**SECTION 1: INSURED AND TRAVEL INFORMATION**

Name of Insured \_\_\_\_\_ Policy Number \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Travel Agency/Tour Operator/Cruise Line \_\_\_\_\_ Agent Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Booking/Reservation # \_\_\_\_\_

Destination(s) \_\_\_\_\_

Name(s) of all travelling companions: \_\_\_\_\_

Scheduled Departure Date \_\_\_\_\_ City of Departure \_\_\_\_\_ Scheduled Return Date \_\_\_\_\_ Return Destination \_\_\_\_\_

Do you have any other insurance or protection plan for this trip?  Yes  No If yes, Policy Number: \_\_\_\_\_

Name of Insurance Company and Administrator: \_\_\_\_\_

**SECTION 2: DETAILS OF LOSS**

- Type of Loss:**  Baggage lost or stolen **(Please complete Section 4)**  
 Baggage damaged or destroyed **(Please complete Section 4)**  
 Baggage delay **(Please complete Section 3)**

Date of loss, damage or delay: \_\_\_\_\_ If delay, please indicate length of delay: \_\_\_\_\_

Please provide the specific details of your loss: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If your baggage and personal effects were lost or damaged by an airline, cruise line, railroad, bus line, taxi, hotel, etc., please provide the following information regarding the company/person to whom your notice of loss was given. A copy of their incident report must be submitted with your claim. We will be unable to process your claim without this report**

Company Name: \_\_\_\_\_ Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of notification: \_\_\_\_\_

Has a claim been filed with any party responsible for your loss?  Yes  No If yes, please provide a copy of their determination indicating the disposition of your claim that includes any settlement amounts.

**SECTION 3: INVENTORY OF ITEMS PURCHASED DURING DELAY**

Description of Item	Date of Purchase	Place of Purchase	Purchase Price
			\$
			\$
			\$
			\$
			\$

**SECTION 4: INVENTORY OF ITEMS LOST, STOLEN, DAMAGED OR DESTROYED**

Description of Item (for luggage, indicate hard or soft sided)	Month / Year of Original Purchase or Approximate Age of Item	Original Cost	Replacement Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>LESS ANY AMOUNT RECEIVED OF ANY SETTLEMENT / RECOVERY</b>			\$
<b>TOTAL AMOUNT CLAIMED</b>			\$

**For repaired luggage**, please submit your luggage repair bill.

**For items damaged beyond repair**, you must provide the date of purchase, a fully completed Statement of Non-Repairability (included with your claim form), and a proof of current replacement cost from a retailer (**retain originals for your records**).

**For items over \$50.00 in value** which have been lost or stolen, you must provide documentation of the original purchase price. If the original receipt is not available, benefits will be calculated based upon the Actual Cash Value (cost less proper deduction for depreciation value) at the time of loss. For items older than one year, you must supply a written statement of current replacement cost from a retailer (**retain originals for your records**).

AUTHORIZATION: I hereby authorize Fairmont Specialty or its representative, to inspect or secure copies of case history records, laboratory reports, diagnosis, prognosis, x-rays, and any other data necessary to determine eligibility of benefits. I also authorize Fairmont Specialty or its representative to release and share claim information including that which may be used in the identification and prevention of potential fraudulent activity to any insurance support organization, fraud information clearinghouses, designated service providers and business associates assisting in the processing of this claim. A photostatic copy or facsimile of this authorization shall be deemed as effective and valid as the original. This authorization is valid for twelve (12) months from date of signature. **I HAVE REVIEWED AND ACKNOWLEDGE THE ATTACHED FRAUD WARNING.**

SIGNATURE OF INSURED \_\_\_\_\_ DATE \_\_\_\_\_

## IMPORTANT NOTICE

**Fraud Warning:** Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application of files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

**Notice to Arizona Claimants:** 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.

**Notice to California Claimants:** 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.

**Notice to Colorado Claimants:** It is unlawful to knowingly provide false, incomplete, or misleading 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 policy holder of claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or aware payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to Hawaii Claimants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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

**Notice to Kentucky Claimants:** 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.

**Notice to Oklahoma Claimants:** 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.

**Notice to Pennsylvania Claimants:** 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.

**Notice to Texas Claimants:** 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.