



**Travel Delay
Claim Form**

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

On Call International Claims
 11 Manor Parkway – Salem, NH 03079
 Ph: 1-855-464-8976
 ResortComClaims@oncallinternational.com

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, name of Insurance Company and Administrator _____

SECTION 2: DETAILS OF INTERRUPTION OR DELAY

This request for reimbursement of expenses is as of the result of:
 Travel Delay Scheduled date / time of arrival / departure - Actual date / time of arrival / departure: _____

Reason for Trip Interruption, Travel Delay or Missed Connection:

SECTION 3: AMOUNTS CLAIMED

NAME OF SUPPLIER	DESCRIPTION	AMOUNT PAID	AMOUNT REFUNDED	AMOUNT CLAIMED
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTAL AMOUNT CLAIMED				\$

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 _____
 OnCallTripDelay_7.1.12

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.