

**PROOF OF LOSS - BAGGAGE**



<b>NAME OF GROUP:</b>
<b>POLICY NUMBER:</b>

**BAGGAGE LOSS, THEFT OR DAMAGE CLAIM REPORT**

**INSTRUCTIONS:**

- 1.) All questions must be answered fully.
- 2.) This form must be notarized on all claims in excess of \$100.
- 3.) Attach copies of credit card statement (if applicable) and/or receipts showing charges made for trip and all correspondence pertaining to and substantiating loss.
- 4.) Attach all receipts and/or bills pertaining to loss.
- 5.) Direct all correspondence to the claim office shown above.

The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract.

Name:	Date of Birth:	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	City:	State:	Zip:	
Telephone Number: ( )				

Date of Departure:	Date of Return:
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Date and time of loss:

Describe extent or nature of loss, theft, damage:

State in detail where and how loss, theft, damage occurred:

- If loss, theft or damage occurred while property was on or in the custody of a common carrier (i.e., railroad, airline, bus, taxi, etc.):
- a.) Give name of common carrier:
  - b.) Was the carrier notified at the time of loss, theft, damage?
  - c.) Was baggage checked at time of loss, theft, damage?
  - d.) Has a formal claim been made against the carrier?

***(If not, this must be done immediately. A copy of carrier's payment or denial must be provided.)***

Is there another insurance company that would cover the loss, theft or damage to this property?  
If yes, give name of company, policy number, type of policy and amount:

Were police or authorities notified? If yes, state who was notified:

***(Attach a copy of the police report or report from other authority.)***

**PLEASE USE THE REVERSE SIDE OF THIS FORM TO LIST THE ITEMS LOST, STOLEN OR DAMAGED.**



**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.

**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.

**KANSAS:** A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**KENTUCKY:**

**Application:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Claim Form:** 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.

**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 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:**

**Application:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Claim Form:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**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.

**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:** 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.

**OREGON:**

**IMPORTANT NOTE:** 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 may be 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 benefit.

**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.

**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.

**NEW YORK FRAUD WARNING:** 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.

**AUTHORIZATION:** I hereby authorize Crum & Forster, United States Fire Insurance Company or its representative, to inspect or secure copies of case history records or any other data necessary to determine eligibility of benefits. I also authorize Crum & Forster, United States Fire Insurance Company 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 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.**

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SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

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WITNESS \_\_\_\_\_ hand at \_\_\_\_\_ this \_\_\_\_\_ day \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ INSURED (OR AUTHORIZED REPRESENTATIVE)

PERSONALLY APPEARED \_\_\_\_\_ SIGNER OF THE FOREGOING STATEMENT AND MADE SOLEMN OATH THAT THE SAME IS TRUE, AND THAT NO MATERIAL FACT IS WITHHELD OF WHICH THE COMPANY SHOULD BE ADVISED.

SUBSCRIBED AND SWORN TO BEFORE ME, THE DAY AND DATE ABOVE WRITTEN.

\_\_\_\_\_ (SEAL) NOTARY PUBLIC

COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_

**PLEASE COMPLETE THIS FORM IN FULL AND RETURN TO  
GLOBAL CLAIMS ADMINISTRATION**

Claims can be submitted by mail **OR** email to:

Global Claims Administration  
3195 Linwood Avenue, Suite 201  
Cincinnati, OH 45208

[Claims@globalunderwriters.com](mailto:Claims@globalunderwriters.com) \*All attachments sent to the claims email must be in PDF format.