Baggage/Personal Property Claim Form

While on my trip I had to purchase or replace my baggage/personal property because it was damaged, delayed, lost, and/or stolen.

Step 1 - Provide Documentation (provide all)

Provide the following required documentation:

- ☐ Provide copies or photos of your itinerary and paid invoice.
- ☐ Provide copies or photos of receipts or proof of payment for replacement items.
- ☐ Provide copies of any police reports for stolen items (if available).
- ☐ Provide documentation from the responsible party describing the situation (i.e. from the airline, cruise line, taxi company, etc.)
- ☐ Provide proof of when your property was returned to you (if applicable).
- ☐ Provide copies or photos of any documentation that supports the reason for your claim.

Step 2 - Submit All Pages Of This Claim Form

Completed claim form and documentation can be submitted by either:

- ☐ **Scan/Upload:** www.travelexinsurance.com
- ☐ **Email to:** travelex.claims@bhspecialty.com
- ☐ **Mail to:**
  Berkshire Hathaway Specialty Insurance Company
  P.O. Box 2986, Clinton, IA 52733-2986
- ☐ **Fax to:** 715-303-6328

If you have questions about your claim, our customer service team is available by
phone at 855-205-6054, Monday - Friday 7 a.m. - 7 p.m. CST or by email at travelex.claims@bhspecialty.com.

About Me

Name of the person completing form *(First, Last)* | **Confirmation/Policy number**

Mailing address ☐ *Check if this is a change of address.* | **City** | **State** | **Postal code**

Mobile phone | **Other phone** | **Email address**

Full names of all persons claiming | **Relationship to person completing form**

Name of agency/company you purchased your travel insurance from | **Date initial deposit paid for trip** *(mm/dd/yy)*

About What Happened

Please provide a detailed description

Claims administered and adjusted by Berkshire Hathaway Specialty Insurance Company for Travelex Insurance Services, Inc. Insurance is underwritten by Berkshire Hathaway Specialty Insurance Company for all policies.

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Note – Benefits under any coverage will not be paid for expenses reimbursed or services provided by any other source. Benefits cannot be duplicated under this protection plan and claims will be adjusted in accordance with the terms of the policy.

About the loss / necessary purchases

For Delayed Property – Attach a written statement indicating the date your property was returned, copies of receipts for items purchased due to the delay and a written statement from the party responsible for the delay (i.e. airline, cruise line, etc.).

For Damaged Property – Provide a report from the responsible party, the original purchase or replacement receipts or the repair bill.

For Stolen Property – Provide original purchase or replacement receipts and a police report issued in the city where the property was stolen (if available).

For Lost Property – Provide original receipts and a written statement from the hotel manager, tour guide or the transportation official (i.e. airline, cruise line, taxi company, etc.).

Claim Type	Description Of Property	Property Belongs To	Date And Place Of Purchase	Original Cost	Replacement Cost	Amount Requested For Reimbursement
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						(USD)
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						(USD)
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						(USD)
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						(USD)
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						(USD)
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						(USD)
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						(USD)
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						(USD)
Total amount requested for reimbursement in USD						(USD)

If you have more expenses, please provide a breakdown on an additional sheet using above format.

About Other Coverage

Was the property in the custody of an airline, cruise line, railroad company, or any other carrier? ☐ YES ☐ NO — If YES, name of carrier:

Did you purchase your property on a credit card? ☐ YES ☐ NO — If YES, name and type of credit card (e.g. Visa Gold Card):

Do you have any other insurance coverage? (e.g. renters/home owners, credit cards, etc.) ☐ YES ☐ NO — If YES, complete the following:

Name of insurance company | Policy number | Deductible amount

Address of insurance company | Phone

If The Claim Has Been Submitted To Another Insurance Company For These Expenses, Please Provide:

Name of insurance company | **Claim number**

I Declare That The Above Information Is True, Complete And Correct.

I authorize any other insurance company, under which I have coverage to disclose information as may be necessary with respect of my claim with Berkshire Hathaway Specialty Insurance Company directly. I also authorize Berkshire Hathaway Specialty Insurance Company to disclose to any other insurance company, under which I have coverage, any and all information as may be necessary with respect to my claim.

Signature or typed name of the person completing form | **Date**

(mm/dd/yy)

☐ Person completing this form understands **checking this agreement box** and **typing your name** in the signature box above constitutes an electronic signature and consent to file this claim electronically. Electronic signatures are legal and enforceable in the same fashion as a traditional signature.

Claim Form Fraud Requirements

Mandatory – Please read and sign below.

All states other than those listed:
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.

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.

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 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 Affairs.

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

District of Columbia
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.

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

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.

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, with intent to defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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 procedures.

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.

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.

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.

Pennsylvania
Any person who knowingly and with intent to defraud any insurance company or other person fixes 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.

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.

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.

I ACKNOWLEDGE that I have read the fraud statement that applies to my state of residence. If my state of residence is not listed, I acknowledge that I have read the "All States Other Than Those Listed"

Signature or typed name of the person completing form **Date**

(mm/dd/yy)

☐ Person completing this form understands **checking this agreement box** and **typing your name** in the signature box above constitutes an electronic signature and consent to file this acknowledgement electronically. Electronic signatures are legal and enforceable in the same fashion as a traditional signature.