



Lost Ticket / Trip Inconvenience

Lost Ticket Coverage	Trip Inconvenience Benefit
<p>Was your ticket <input type="checkbox"/> Lost? <input type="checkbox"/> Stolen?</p> <p>Please briefly describe what happened:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Amount claimed: \$ _____</p> <p>Please provide all supporting documentation, such as reports filed with local authorities and/or police, receipts, cancelled checks, credit card statements, etc.</p>	<p>Nature of incident (please check one):</p> <p><input type="checkbox"/> You were assaulted <input type="checkbox"/> Traffic accident</p> <p><input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Ski trail closure</p> <p><input type="checkbox"/> Sporting equipment delayed <input type="checkbox"/> Passport/visa stolen</p> <p><input type="checkbox"/> Too sick/injured to participate in activity</p> <p>Please briefly describe what happened:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please provide documentation, such as a police report, hospital bill, common carrier report, or other as proof of your inconvenience.</p>

E-mail to: claims inquiry@allianzassistance.com
 Mail to: ALLIANZ GLOBAL ASSISTANCE, P.O. BOX 72031, RICHMOND, VA 23255-2031
 Call: 800-334-7525 Fax to: 804-673-1469. We are available 24 hours a day.
 Insurance underwritten by BCS Insurance Company or Jefferson Insurance Company
 Please refer to your policy or letter of confirmation to determine your underwriter
 Plan administered by AGA Service Company

**PLEASE READ AND SIGN THIS FORM.
FAILURE TO SIGN AND DATE MAY DELAY THE REVIEW OF YOUR CLAIM.**

FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person, who files a statement of claim containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to criminal prosecution, civil penalties and forfeiture of insurance benefits.

ALASKA FRAUD WARNING: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

CALIFORNIA FRAUD WARNING: 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.

PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

AUTHORIZATION

I authorize any insurance company, travel organization, or any other person or entity to release information regarding this claim. I understand that this information will be used by AGA Service Company, claim administrator, or its authorized representatives for the purpose of evaluating and determining coverage for this claim.

By signing this claim form, I certify that all information given above is true and complete to the best of my knowledge.

By signing this form, I/we assign to the insurer all of my/our rights, title and interest in and to any sums owed to me/us by any entity, including any applicable bonds that may apply, for which I/we receive compensation from the insurer based on this claim. I/we agree to cooperate with the insurer and AGA Service Company, including providing or executing any necessary documentation, to assist the insurer and AGA Service Company in their efforts to collect any such sums.

Signature: _____

Date Signed: ____/____/____

Print Name: _____

The status of your claim can be easily viewed at www.allianztravelinsurance.com by clicking on the "Claim Status" link.

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