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BAGGAGE DELAY SERVICE FORM

Instructions: Failure to supply complete information may delay this process!

- 1. Complete all information requested below.
2. Attach a copy of documentation from the airline, railroad, cruise line or other common carrier providing the reason for the delay and the length of delay.
3. Attach a copy of the original ticket or itinerary and a copy of new ticket or itinerary showing final departure date and time.
4. Attach legible copies of receipts for purchase of essential personal items.
5. Attach copies of carrier settlement vouchers (if any).
6. Send this in along with your completed and signed Baggage Delay Service Form.

Information about You and Your Loss

Name of Insured person and all persons traveling with you covered under this Certificate:

- 1) _____ Date of Birth: ___/___/___
2) _____ Date of Birth: ___/___/___
3) _____ Date of Birth: ___/___/___
4) _____ Date of Birth: ___/___/___

Present Address: _____

City, State, & Zip: _____

Home Telephone: _____ Work Telephone: _____

Name & telephone number of Travel Agency from whom you purchased your trip:

Your Scheduled Departure Date: _____

Your Scheduled Return Date: _____

Your Travel Insurance Certificate#: _____

(This is on your travel insurance confirmation letter)

1. What caused your delay?

(Please attach a copy of all vouchers or payments received
from the common carrier compensating your delay)

2. Date and time of original departure? _____ (For Bag Delay, time bags to arrive?)
3. Date and time of actual departure? _____ (For Bag Delay, time bags finally arrived?)
4. Did you receive any compensation from the carrier? No ___ Yes ___ If yes, amount? \$ _____
5. To calculate your claim:

Was delay more than 24 hours? _____ (Enter # hours bags missing)

Total Expenditures for Delay: \$ _____

Less: Payment by Carrier: - _____

Total Out-of-Pocket Loss: \$ _____
(Total Expenditures less Payment by Carrier)

Remember, the claim is limited to a fixed amount per person - only one delay per trip!

I/We attest that all the information submitted is true and accurate to the best of our knowledge. Furthermore, I/we agree that this insurance shall be void if, whether before or after the loss/incident, any person has concealed or misrepresented any fact or circumstance concerning this claim. The signatures of all parties that are party to this claim appear below

(Signature of Claimant)

(Date: mm/dd/yyyy)

(Signature of Claimant)

(Date: mm/dd/yyyy)

Please mail your completed, signed form back to the claims administrator along with all of your documentation. The documentation is your proof of loss and is required in order to finalize your claim.