Claim Filing Instructions

Read the instructions for the type of claim you need to file, you may have more than one.

Baggage Delay

Your checked baggage was delayed while you were on your covered trip.

1. Complete all applicable information starting on page 2.
2. Include documentation from your common carrier (airline, cruise line, etc.) confirming the delay and the length of time the luggage was delayed.
3. Include receipts for additional expenses due to the baggage delay.

Baggage & Personal Effects

Your baggage and/or property was lost, stolen, or damaged during your covered trip.

1. Complete all applicable information starting on page 2.
2. Include a police report for theft.
3. Include a copy of the claim you filed with your common carrier (airline, cruise line, etc.) along with their final disposition for the filed claim.
4. Include proof of ownership for items claimed (purchase receipt, owner's manual, etc.).

1 Reason for Claim

☐ Baggage Delay	☐ Lost Baggage	☐ Damaged Baggage	*You may check more than one.*
☐ Stolen Property	☐ Damaged Property		

Primary Insured's Information

2 Name of Primary Insured (The person listed first on your plan)	**3** Date of birth MM/DD/YYYY		
4 Policy number	**5** Email address		
6 Preferred phone number	**7** Fax number		
8 Mailing address (if different than home)	**9** City	**10** State	**11** Zip Code
12 Home address	**13** City	**14** State	**15** Zip Code
16 Preferred method of contact: ☐ Mail ☐ Email ☐ Phone			

Travel Information

17 Confirmation number	**18** Booking number
19 Date of departure MM/DD/YYYY	**20** Date of return MM/DD/YYYY
21 Original destination	**22** Travel agency name
23 Initial depost date MM/DD/YYYY	

24 Property Values

Item(s)	Estimated Value	Have you received reimbursement?	If so, from whom?	How much?
	$	☐ Yes ☐ No		$
	$	☐ Yes ☐ No		$
	$	☐ Yes ☐ No		$
	$	☐ Yes ☐ No		$
	$	☐ Yes ☐ No		$
	$	☐ Yes ☐ No		$
	$	☐ Yes ☐ No		$
Total	**$**			**$**

Loss Information

25 Where and how did loss, theft, damage or delay occur?		
26 Date of loss, damage, or delay MM/DD/YYYY		
27a Was the baggage delayed? ☐ **Yes** ☐ **No**	**27b** If **YES**, for how long?	
28a Did loss or damage occur while insured property was on or in the custody of common carrrier? (I.E. airline, cruise line, railroad, etc.) ☐ **Yes** ☐ **No**	**28b** If **YES**, list name of carrier	
29a Did you complete a report at the time of loss or damage? ☐ **Yes** ☐ **No**	**29b** If **YES**, provide a copy of report and list name and title of person to who notice was given.	
30a Has a claim been filed against carrier? ☐ **Yes** ☐ **No**	**30b** If **NO**, please do this immediately. If **YES** have you been paid by the carrier? ☐ Yes ☐ No	**30c** If **YES**, list amount
31a Is there any other insurance that might cover this loss? (I.E. homeowners, renters, credit card, etc.) ☐ **Yes** ☐ **No**	**31b** If **YES**, please list the name of company, policy number, and full address	

Other Insurance / Authorization

32a Do you have any other travel or out-of-country medical insurance through employer, spouse's employer, retired plan or credit card? ☐ **Yes** ☐ **No**	**32b** If **YES**, please indicate name of insurance company
33 Plan number	**33** Credit card issuing bank

I AUTHORIZE any insurance company, physician, hospital, and other health care providers, any travel organization or agency, airline carrier, rental agency, hotel, motel, or similar entity providing lodging on a rental/lease basis or any other person who may have knowledge regarding this claim, to release any information requested regarding this claim and the loss reported.

I UNDERSTAND the information obtained by use of the authorization, will be used by Seven Corners to determine eligibility for benefits under this plan. Any information obtained will not be released by Seven Corners to any person or organization EXCEPT to reinsuring companies, or other persons or organizations performing business or legal services in connection with my claim, or as may be otherwise lawfully required or as I further authorize.

I KNOW that I may request to receive a copy of the Authorization. I AGREE that a photographic copy of this authorization is as valid as the original. I AGREE that this Authorization shall be valid for two and one half years from the date shown below. I UNDERSTAND that it is illegal to knowingly file a false or fraudulent claim or to knowingly help someone else file one. I have read and understand the Fraud Notices on page 3 of this document.

35 Signature	**36** Date MM/DD/YYYY

Send this form and any accompanying documents to Seven Corners using any of the following methods:

MAIL	UPLOAD	FAX	EMAIL
Seven Corners, Inc. **Attn: Claims** 303 Congressional Boulevard Carmel, IN 46032 USA (Allow mail 7-10 days for delivery.)	Login to **My Account** and upload your documents **www.sevencorners.com/myaccount#/login**	(+01) 317-575-2256	jhiaclaims@sevencorners.com

Call for help: Local **1.317.582.2660** or Toll-free **1.866.888.7803**