

US Fire Insurance Company

PROOF OF LOSS

Global Claims
Claims Department
3195 Linwood Rd Suite 201
Cincinnati OH 45208
800-513-2981 513-533-1330

NAME OF GROUP:
POLICY NUMBER:

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.

Description	Date of Purchase	*Purchase Price

****IF ITEM DAMAGED, PLEASE SUBMIT ESTIMATE OF REPAIRS.***

I AGREE THAT IN THE EVENT OF THIS PROPERTY BEING RECOVERED TO REFUND TO THE COMPANY IN FULL ANY AMOUNT THAT IT MAY HAVE ADVANCED TO ME ON ACCOUNT OF SAID LOSS, IT BEING UNDERSTOOD THAT THE COMPANY HAS THE OPTION TO PAY THE COST OF RESTORING IT TO SOUND CONDITION, IF RECOVERED IN A DAMAGED CONDITION.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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."
For residents of New York: 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, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.
For residents of Pennsylvania: 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 and subjects such person to criminal and civil penalties."
For claimants not residing in California, New York, or Pennsylvania: 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.

_____ SIGNED _____ DATE

WITNESS _____ hand at _____ this ____ day _____ 19_____

_____ 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 _____