

# HTH Travel Insurance

## Baggage & Personal Effects / Baggage Delay

### Claim Form & Claimant's Statement

#### PARTICIPANT'S INFORMATION:

Plan Number: \_\_\_\_\_

Name(s) of all claimants:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### TRAVEL SUPPLIER / PROVIDER INFORMATION:

Name of Tour Operator/Cruise Line/Airline you were traveling with: \_\_\_\_\_

Scheduled Date of Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_

Scheduled Date of Return: \_\_\_\_/\_\_\_\_/\_\_\_\_

Origination: \_\_\_\_\_

Destination: \_\_\_\_\_

Flight Number: \_\_\_\_\_

Flight Number: \_\_\_\_\_

Air Carrier: \_\_\_\_\_

Air Carrier: \_\_\_\_\_

#### LOSS INFORMATION:

Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please describe what occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Place of Loss: (airport, hotel, rental agency, etc.)

Name and Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

#### DOCUMENTATION REQUIREMENTS:

Depending upon the circumstance involved in the loss, one or more of the following items may be required to complete the processing of your claim. Please place a check by those items you have attached. We recommend you keep copies of any items submitted with this claim.

\_\_\_\_ Airline Ticket Stub/Receipt

\_\_\_\_ Baggage Claim Stub/Receipt

\_\_\_\_ Police Report

\_\_\_\_ Statement from Hotel/Motel, Airline Carrier or Airport Facility that concerns your lost property.  
**Note:** You must file a report with the appropriate authorities for damaged, lost or stolen property.

\_\_\_\_ Car Rental Agreement

\_\_\_\_ Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, hotel/motel or other similar establishment or any other insurance company providing reimbursement to you for the loss.

\_\_\_\_ Proof of ownership of the items lost or stolen

**Note:** Acceptable forms of proof of purchase include credit card statements, sales receipts or cancelled checks.

\_\_\_\_ Other (please describe): \_\_\_\_\_

\_\_\_\_ Please advise if you wish to be contacted via e-mail or regular mail \_\_\_\_\_

**DESCRIPTION OF LOST / STOLEN / DAMAGED ITEMS:**

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		\$
	\$	Yes No		\$
	\$	Yes No		\$
Total	\$			\$

(please use another page if you are claiming more items)

**OTHER INSURANCE / AUTHORIZATION:**

Company Name and Address: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact: _____
Phone # (_____) _____ - _____

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.

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

**CLAIM INSTRUCTIONS:**

Send this form and any accompanying documentation to:

HTH Travel Insurance  
 On Behalf of Nationwide Mutual Insurance Company and Affiliated Companies  
 P.O. Box 26222  
 Tampa, FL 33623  
 Or online: CBPConnect.com - Report A Claim  
 Or, E-mail your information to: NWTravClaims@cbpinsure.com  
 Phone: 888-957-5009 / 727-412-7377

To view the Nationwide Privacy Statement and/or Notice of Privacy Policy, click the links below

**Privacy Statement**

[http://policydocuments.tpaproducts.com/Nationwide/HIPAA\\_Notice\\_of\\_Privacy\\_Practices\\_CBP.rev020322.pdf](http://policydocuments.tpaproducts.com/Nationwide/HIPAA_Notice_of_Privacy_Practices_CBP.rev020322.pdf)

**Privacy Policy**

[http://policydocuments.tpaproducts.com/Nationwide/NH\\_0453\\_A1.CBP.rev020322.pdf](http://policydocuments.tpaproducts.com/Nationwide/NH_0453_A1.CBP.rev020322.pdf)

**CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY**

Please be advised, our preferred method of communication with you is electronically by email. Use of email helps us provide better and faster service. Please provide your consent to this in the area below. We will keep this on file with your claim.

\*\*\*\*\*

**EXPRESSED CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY:**

**I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY.**

**I HAVE READ AND AGREE TO THE [TERMS AND CONDITIONS](#) OF THE ELECTRONIC DELIVERY\***

**I ACCEPT \_\_\_\_ (please write in YES OR NO)**

**Please confirm the preferred Email address in clear print below:**

**ENTER Email Address Here:**

\*\*\*\*\*

**\*CLICK THE TERMS AND CONDITIONS ABOVE TO REVIEW ONLINE, OR DOWLOAD A COPY BY TYPING THE BELOW URL INTO YOUR INTERNET BROWSER:**

<http://policydocuments.tpaproducts.com/EDOD/consent.pdf>

## FRAUD STATEMENTS – If you reside in the state of:

**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.

**District of Columbia:** 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.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** 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 commits a fraudulent insurance act, which is a crime.

**Louisiana:** 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 knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Missouri:** An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

**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.

**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.

**Pennsylvania:** 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.

**Puerto Rico:** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

**Washington:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law."

**All Other States:** 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/or civil penalties.

Revised 6.10.2022