

Dear Guest,

Welcome! We are pleased to have you as our guest, and we are committed to providing an outstanding vacation experience.

Please use this form to:

1. Document any damage you discover at the property at the time of check-in. It's important to let us know as soon as you discover the damage. This will document pre-existing damage so you won't be responsible for it.
2. If you purchased Generali Global Assistance Vacation Rental Damage Protection coverage, use the attached page to report all accidental damage that occurred during your stay.

The following damage was noted at the property when I checked in:

Guest Signature

Date

Print Name

Vacation Rental Agent Name

Date



Dear Policyholder:

Please complete and sign the attached claim form. Additionally, the following items are needed in order to process your claim in the most efficient and expedient way possible.

What you should provide

- The claim form completed in its entirety including guest's contact information;
- Pictures/police reports/etc. substantiating the loss;
- Original purchase price and date of damaged item(s). Please also include the original receipt/invoice if available;
- The repair/replacement invoice, receipt, or estimate;
- If applicable, statement(s) of no repair for damaged item(s);
- A copy of the signed lease agreement;
- Please note: if you are emailing your claim, our system does not accept files over 10MB in size.

EACH PARTY MAKING A CLAIM MUST SIGN THE COMPLETED CLAIM FORM.

Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, you must give us written proof of loss within twelve (12) months after the date the loss occurs unless you are medically or legally incapacitated.

Thank you. Should you have any questions, please call us at (800) 541-3522.



VACATION RENTAL DAMAGE COVERAGE CLAIM FORM

SECTION 1: (To be filled out by the Guest/Tenant)

NAME OF GUEST/TENANT	HOME/CELL PHONE	BUSINESS PHONE	
POLICY NUMBER OR PRODUCT CODE OR PLAN CODE	E-MAIL ADDRESS		
MAILING ADDRESS	CITY	STATE	ZIP CODE

DESCRIPTION OF LOSS - PROVIDE THE DATE OF THE INCIDENT, DETAILED DESCRIPTION OF THE HOW THE LOSS OCCURRED, & ITEMS DAMAGED

SECTION 2: (To be filled out by the Vacation Rental Agent)

VACATION RENTAL AGENCY	CONTACT	BUSINESS TELEPHONE NUMBER		
CHECK-IN & CHECK-OUT DATE	RESERVATION CONFIRMATION NUMBER	EMAIL ADDRESS		
COMPANY MAILING ADDRESS	CITY	STATE	ZIP CODE	
PROPERTY MAILING ADDRESS	CITY	STATE	ZIP CODE	

DETAILS OF LOSS

DATE OF REPORT & TO WHOM WAS THE INCIDENT REPORTED?	DESCRIBE THE INCIDENT THAT CAUSED THE DAMAGE
IS THE LOSS THEFT RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YOU ARE REQUIRED TO FILL OUT A POLICE REPORT AND SUBMIT A COPY WITH THIS CLAIM.	CAN THE DAMAGE BE REPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SUBMIT A COPY OF THE REPAIR ESTIMATE. IF NO, PLEASE FILL OUT AMOUNTS CLAIMED BELOW.

SECTION 3: DESCRIPTION OF ITEMS AND AMOUNTS CLAIMED

DESCRIPTION - PLEASE INCLUDE MANUFACTURER, MODEL, AND SERIAL NUMBER	ORIGINAL PURCHASE DATE	ORIGINAL PURCHASE PRICE	REPLACE/REPAIR COST
LESS AMOUNT RECEIVED FROM OTHER SOURCES			
TOTAL AMOUNT CLAIMED (including additional items if attached)			

Notice: If you have more items, please attach separate sheet

SECTION 4: (GUEST/TENANT & VACATION RENTAL AGENT: PLEASE READ NOTICE BELOW & SIGN)**FRAUD WARNINGS AND DISCLOSURES**

For Residents of Alabama: 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 restitution, fines or confinement in prison, or any combination thereof.

For Residents of Alaska: A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of Arkansas, Louisiana, Rhode Island, and West Virginia: 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.

For Residents of California: Any person who knowingly presents 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 Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Residents of Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

For Residents of the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

For Residents of Idaho: Any person who knowingly, and with intent to deceive any insurance company, files a statement of claim containing a false, incomplete, or misleading information is guilty of a felon.

For Residents of Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

For Residents of Kansas: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

For residents of Kentucky and Utah: 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.

For Residents of Maine: 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 denial of insurance benefits.

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



SECTION 4: (GUEST/TENANT & VACATION RENTAL AGENT: PLEASE READ NOTICE BELOW & SIGN)

FRAUD WARNINGS AND DISCLOSURES

For Residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For Residents of 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.

For Residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Residents of New Mexico: 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 civil fines and criminal penalties.

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 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.

For Residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Residents of Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Residents of Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which may be a crime.

For Residents of 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.

For Residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

For Residents of Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

For Residents of Texas: 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 Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Any Other State: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.

