

CSA VACATION RENTAL DAMAGE COVERAGE DOCUMENTATION



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 CSA 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	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			

ASSIGNMENT OF BENEFITS

<input type="checkbox"/>	I, _____ AUTHORIZE AND REQUEST CSA TRAVEL PROTECTION AND INSURANCE SERVICES (CSA) TO PAY DIRECTLY THE PROPERTY MANAGEMENT COMPANY, _____, THE AMOUNT DUE TO ME UNDER THE TERMS AND CONDITIONS OF THE VACATION RENTAL DAMAGE PROTECTION PLAN.
_____	_____
INSURED GUEST/TENANT'S SIGNATURE	PRINT NAME

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			

VACATION RENTAL DAMAGE COVERAGE CLAIM FORM

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

FRAUD WARNINGS AND DISCLOSURES

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.

Alaska, Minnesota, New Hampshire: 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.

Arkansas, Louisiana, New Mexico, Texas, 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 civil fines and criminal penalties.

California: For your protection California law requires the following to appear on this form: 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.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to any 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.

Maine, Virginia, Tennessee, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company 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.

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

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

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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.

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.

Kentucky, 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.

Kansas: 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 may be guilty of insurance fraud as determined by a court of law.

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

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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 violation.

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.

Oregon: Any person who knowingly and with intent to defraud, files a claim for benefits may be guilty of insurance fraud and may be subject to prosecution.

By checking this box, I/we, the insured(s) and the Agent(s), agree that my/our electronic signature(s) shall be the legal equivalent of my/our manual signature(s) on the document. I/we, the insured(s) and the Agent(s), attest that all the statements in this document are true and complete to the best of my/our knowledge. I/we authorize CSA Travel Protection to contact me/us or anyone else involved in this matter, to verify whether or not this loss occurred. I/we further authorize CSA Travel Protection to release and share claim information including that which may be used in the identification and prevention of potential fraudulent activity to Generali U.S. Branch, Generali Assicurazioni Generali S.p.A. (U.S. Branch), Assicurazioni Generali - U.S. Branch, Generali U.S. Branch DBA The General Insurance Company of Trieste & Venice, The General Insurance Company of Trieste and Venice - U.S. Branch, Stonebridge Casualty Insurance Company, Transamerica Casualty Insurance Company, insurance support organizations, fraud information clearinghouses, designated service providers and business associates assisting in the processing of the claim.

GUEST/TENANT'S SIGNATURE

PRINT NAME

DATE

VACATION RENTAL AGENT'S SIGNATURE

PRINT NAME

DATE

VACATION RENTAL AGENTS: REMEMBER TO SUBMIT THE FOLLOWING WITH THIS CLAIM FORM:

- FOR THEFT CLAIMS, A COPY OF THE POLICE REPORT
- PHOTOGRAPHS OF THE PROPERTY DAMAGE
- REPAIR ESTIMATES
- ORIGINAL PURCHASE RECEIPTS OR ESTIMATES
- REPLACEMENT RECEIPTS
- A COPY OF THE PROPERTY/LEASE AGREEMENT

You may also submit your completed form to CSA by fax: (877) 300-8670 or mail:

CSA Travel Protection
P.O. Box 939057
San Diego, CA 92193

QUESTIONS? CALL CSA AT (800) 541-3522 OR E-MAIL: CLAIMS@CSATRAVELPROTECTION.COM