



Claim Form

General Information

Contact Information	
Name of insured: _____	Social Security Number ____ -- ____ -- _____
Date of birth: _____	Home telephone: (____) _____ -- _____
Place of birth: _____	Work telephone: (____) _____ -- _____
	E-mail address: _____@_____
<i>Home Address</i>	<i>Mailing Address, if different from Home Address</i>
Street: _____	Street: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Preferred method of contact: Mail <input type="checkbox"/> E-mail <input type="checkbox"/>	Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/>

Plan Information	Trip Information
Confirmation/Policy ID #: _____	Departure date: _____
<u>or</u> Product ID #: _____	Return date: _____
<u>or</u> Group #: _____	Original destination: _____
<u>or</u> Company ID #: _____	Travel agency name: _____
<u>or</u> Membership #: _____	Date of initial trip deposit/payment: ____ / ____ / ____
	Agent's name: _____
	Agent's phone number: (____) _____ -- _____
	Agent's e-mail address: _____@_____

Traveling Companions (please indicate name and relationship to you)	
1. _____	3. _____
2. _____	4. _____

Claim Information	
Reason for filing this claim (short description) _____	Date incident occurred: ____ / ____ / _____
_____	Do you have other insurance that may cover this event?
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	If Yes, then please provide the name of the insurance company _____

E-mail to: claimsinqury@accessamerica.com
Mail to: ACCESS AMERICA, P.O. BOX 72031, RICHMOND, VA 23255-2031
Call: 800-334-7525 Fax to: 804-673-1469
We are available 24 hours a day.

Insurance underwritten by BCS Insurance Company or Jefferson Insurance Company
Please refer to your policy or letter of confirmation to determine your underwriter
Plan administered by World Access Service Corp., a company of Mondial Assistance



Property Damage Protection (Resort / Vacation Homes)

Guest Section (to be completed by the rental guest)

Name of the resort/property where the incident took place: _____

Address: _____ Phone #: (____) ____ - _____

Building / Unit / Room number: _____ City: _____ State: _____ Zip Code: _____

Please briefly describe the incident that led to lost or damaged contents within the rental home:

By signing this claim form, as the guest, I understand and agree that all reimbursement will be paid to the resort/property manager. This will alleviate my financial responsibility for the covered portion of the loss.

I recognize that I am required to provide World Access Service Corp. with full disclosure of any payments or credits from all sources, which I have received or expect to receive, resulting from the loss.

I authorize any insurance company, travel organization, or any other person or entity to release information regarding this claim. I understand that this information will be used by World Access Service Corp., claim administrator, or its authorized representatives for the purpose of evaluating and determining coverage for this claim.

I certify that all information given above is true and complete to the best of my knowledge, and that I have read and understand the fraud warnings listed at the end of this document.

Guest Signature: _____

Date Signed: ____/____/____

Print Name: _____

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Resort / Property Manager Section (to be completed by the resort/property manager)

Which claim are you filing on behalf of your guest?

Damage Claim

Loss or Theft Claim

- Official verification and photographs of the damage are required for claims over \$250.
- Payable claims are adjudicated per schedule of coverage, which appears in the insurance certificate/policy.
- Visual inspection of the damage may be required in some circumstances.
- Official verification of the loss or theft within the vacation home must be attached to this form. This may include police reports or other documents verifying the loss.

Please describe specific items damaged/lost within the vacation home (attach additional sheets, if needed). Attach receipts, credit card statements, cancelled checks, or other documentation verifying the value of each item that you are claiming.

Item description	Cost to Repair/Replace	Purchase Date	Original Cost
1. _____	\$ _____	__ / __ / __	\$ _____
2. _____	\$ _____	__ / __ / __	\$ _____
3. _____	\$ _____	__ / __ / __	\$ _____
4. _____	\$ _____	__ / __ / __	\$ _____

By signing this claim form, as the resort/property manager, I understand and agree that all reimbursement will be paid directly to my company. This will alleviate the guest's financial responsibility for the covered portion of the loss. Claim payments will be mailed to my business office, as specified below:

Company Name: _____ Department: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Company phone #: (_____) _____ - _____ Contact Name: _____

I assign to World Access Service Corp. any right to the benefits, which I may have from other parties, up to the amount I am reimbursed from World Access Service Corp. I recognize that I am required to provide World Access Service Corp. with full disclosure of any payments or credits from all sources, which I have received or expect to receive, resulting from the loss.

I authorize any insurance company, travel organization, or any other person or entity to release information regarding this claim. I understand that this information will be used by World Access Service Corp., claim administrator, or its authorized representatives for the purpose of evaluating and determining coverage for this claim.

I certify that all information given above is true and complete to the best of my knowledge, and that I have read and understand the fraud warnings listed at the end of this document

Resort/Property Manager Signature: _____ Date Signed: __/__/__

Print Name: _____

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FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person, who files a statement of claim containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to criminal prosecution, civil penalties and forfeiture of insurance benefits.

ALASKA FRAUD WARNING: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

CALIFORNIA FRAUD WARNING: 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.

PENNSYLVANIA FRAUD WARNING: 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.

The status of your claim can be easily viewed at www.eclaimsline.com/travel by clicking on the "Check Claim Status" link.

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