

Membership number _____

Last name _____ First name _____

Home address _____

Country _____

Resort name _____

Address _____

City _____ State _____ ZIP _____

Date you expect to leave the resort _____

Date you expect to return to your home country _____

Baggage coverage includes loss or damage of personal effects to a maximum of \$2,000, while a participant is on the RESORT AMERICA program. There is a per occurrence deductible of \$100 and a per item limit of \$100 (except \$250 for cameras). Coverage is for the value at the time of the loss, not the original purchase price.

The following exclusions apply: loss of money, notes, securities, tickets and documents (driver's licenses, passports, passes, etc.); jewelry, watches, computers, articles consisting in whole or in part of silver, gold or platinum and furs; motorcycles, skis, bicycles, boats, motors or other conveyances or their appurtenances; any kind of glasses (including sunglasses) and contact lenses; breakage of articles of a brittle nature unless caused by thieves; loss or damage caused by, or resulting from, declared or undeclared war; loss due to wear, tear, gradual deterioration or negligence on the part of the Insured.

Proof of loss or damage in the form of a police report or report filed with an airline, railroad, bus operator, hotel, motel or Resort Director, etc., is required and must be attached to this claim form. If a transportation company or lodging provides loss or damage coverage, you must claim against them first and attach their response to this claim.

Please list items lost or damaged, with their date of purchase and estimated value at the time of the loss. Include brand and model numbers as appropriate. Attach receipts for items listed. Use the reverse of this form if additional space is required. Settlement may be by check, or replacement with a comparable article of similar value. If settlement cannot be made prior to your departure from your resort, Cultural Insurance Services International will forward settlement and/or correspondence to the home address you entered above. Please advise if you wish settlement payable in the currency of your home country.

Kind of loss: Theft Fire Accident Other (explain)

Total amount of loss \$ _____ **Where should reimbursement be sent?** Home address Resort address

If you have paid more than the \$100 deductible and are claiming money back, please check which currency you would like the check to be in?

- | | | | |
|-------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> £ sterling | <input type="checkbox"/> U.S. dollars | <input type="checkbox"/> Danish Krone | <input type="checkbox"/> £ Irish |
| <input type="checkbox"/> Euro | <input type="checkbox"/> Swedish Krone | <input type="checkbox"/> Australian Dollars | <input type="checkbox"/> Swiss Franc |

How did the loss or damage occur? Include date, time, place and full details as to whom in authority you reported the loss.

I certify that the information furnished by me in support of this claim is true and correct.

Signature _____
Date

**Mail this claim to: Baggage Claims Department, Cultural Insurance Services International,
River Plaza, 9 West Broad Street, Stamford, CT 06902-3788, USA
(203) 399-5132**