

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 Security Deposit Protection coverage, use the attached page to report any damage that occurred during your stay (don't be afraid to report the damage – that's why you bought insurance!). This will streamline the processing of your claim and make the process as easy as possible for you.

Part 1: The following damage was noted at the property when I checked in:

Guest Name

Date

Vacation Rental Agent Name

Date

VACATION RENTAL DAMAGE COVERAGE CLAIM FORM

SECTION 1: (To be filled out by the Insured)

NAME OF INSURED		DATE OF BIRTH	RESIDENCE TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER
CELL PHONE 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

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 SECURITY DEPOSIT PROTECTION POLICY.

 INSURED'S SIGNATURE PRINT NAME DATE

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

VACATION RENTAL AGENCY	PROPERTY ADDRESS	CITY	CITY	ZIP CODE
BUSINESS TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	CHECK-IN & CHECK-OUT DATE	RESERVATION CONFIRMATION NUMBER

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 <small>If YES, you are required to fill out a police report and submit a copy with this claim.</small>	CAN THE DAMAGE BE REPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If YES, please submit a copy of the repair estimate. If NO, please fill out Amount Claimed below.</small>

AMOUNT CLAIMED

DESCRIPTION - PLEASE INCLUDE MANUFACTURER, MODEL AND SERIAL NUMBER	ORIGINAL PURCHASE DATE	ORIGINAL PURCHASE PRICE	REPLACE /REPAIR COST

TOTALS _____

VACATION RENTAL DAMAGE COVERAGE CLAIM FORM

SECTION III: (INSURED & VACATION RENTAL AGENT PLEASE READ NOTICE BELOW & SIGN)

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 Section 21.36.380."

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."

ARKANSAS: "Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully decreasing any claim for benefit or payment or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for either of said purposes, under this chapter shall be guilty of a Class D felony."

COLORADO RESIDENTS: "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 or 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 settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

DISTRICT OF COLUMBIA RESIDENTS: "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."

FLORIDA RESIDENTS: "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."

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."

KANSAS RESIDENTS: "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 may be guilty of insurance fraud as determined by a court of law."

KENTUCKY RESIDENTS: "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: "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."

MAINE RESIDENTS: "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."

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

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 R.S.A. 638.20."

NEW JERSEY RESIDENTS: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

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."

OHIO RESIDENTS: "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."

OKLAHOMA RESIDENTS: "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."

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."

TENNESSEE, VIRGINIA & 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."

NEW YORK: "WARNING: Any person who knowingly and with 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 thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation."

By checking this box, I/we attest that this claim is not being paid by any other carrier/insurer for considered claim payment, and I/We agree that my/our typed signature(s) be accepted as my/our written signature(s) and attest that all of the statements in this document are true and complete to the best of my/our knowledge. I/We authorize CSA Travel Protection to contact the insured to verify whether or not a loss has occurred during their stay, and 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 US Branch, Stonebridge Casualty Insurance Company, United States Fire Insurance Company, insurance support organizations, fraud information clearinghouses, designated service providers and business associates assisting in the processing of the claim.

INSURED'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:

- A COPY OF THE POLICE REPORT FILED FOR THEFT CLAIMS
- PHOTOGRAPHS OF THE PROPERTY DAMAGE
- REPAIR ESTIMATES
- ORIGINAL PURCHASE RECEIPTS (WHEN AVAILABLE)
- 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