

Claim Filing Instructions**(Incomplete forms will be returned)**

1. Claimant must complete this form
2. Attach a legible copy of police report
3. Attach a legible copy of your rental agreement
4. Attach copies of original purchase receipts of all items claimed
5. Mail or Email to **HSR:**
Avisclaims@hsri.com



Health Special Risk, Inc.
8400 Belleview Drive, Suite 150
Plano, Texas 75024
Phone: (972) 512-5600 Fax: (972) 512-5820
Toll Free: (866) 477-4126
Avisclaims@hsri.com



Underwritten by: Zurich American Insurance Company

Avis Budget Group, Inc.
Personal Effects Coverage Claim Form (PEP)

RENTER'S REPORT					
POLICY NUMBER GPT 4850896		1. Name of Renter		2. Email	
3. Date of Loss		4. Time AM PM		5. Where loss occurred	
6. Name of Claimant (Last First Middle)				7. Claimant's Home Phone Number (include area code)	
8. Address of Claimant (Street, City, State, Zip)				9. Rental Date	
11. Name of Customer who signed rental agreement and initialed PAE coverage box				12. Rental Agreement Number	
14. Name of Rental Car Company				13. Vehicle Number	
15. Address where car rented (Street, City, State, Zip)					

A separate form must be filled out for each claimant.

Name and relationship (e.g. spouse, sister) of other people in your traveling party affected by this loss

I certify that I am the **RENTER**, and that this insurance was purchased for the period of this vehicle rental, and that the person(s) named was either the **RENTER** or a member of my traveling party.

Warning: 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 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. (Fraud language varies by state. Please see attached.)

X Signature of Renter

Date

How did loss occur? (Please be detailed and specific)

By entering your name above in, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form.

***Insurance Coverage:** The coverage extends throughout the entire rental period and insures the possessions with which you are traveling for actual cash value against loss or damage caused directly by fire, theft, vandalism, flood, explosions, lightning, or accident to the rental car. In the event of theft, a police report must be filed, listing the stolen property.

***Amount of Insurance:** The maximum coverage for Plans 1 or 2 during the rental period is \$3000 per reservation and up to \$1000 per covered item. The maximum coverage for Plan 3 is \$2000 per reservation and up to \$1000 per covered item.

***Personal Effects NOT Covered (Exclusions):** The policy does NOT cover loss of currency, coins, deeds, stamps, securities, tickets, documents, sunglasses, contact lenses, eyeglasses, jewelry, and prosthetic devices. Animals, household furniture musical instruments sporting equipment and loss or damage due to wear and tear are also not covered. The policy does NOT cover loss by mysterious disappearance, delay, or loss of market, and indirect or consequential loss of any kind are not covered.

*This description is intended only as a brief summary and does not attempt to present all of the information in the applicable policy.

Personal Effects List

Claimant Name: _____

No.	Description of Item (e.g. shirt, shoes)	Place Purchased (Store, City, State)	Purchase Date	Cost New
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Use additional pages if necessary

TOTAL _____

STATE SPECIFIC FRAUD WARNINGS

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

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 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: 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 and may be subject to fines and confinement in prison.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

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.

For residents of Maine, Tennessee, 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 may include imprisonment, fines or a denial of insurance benefits.

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 knowingly files a statement of claim containing any false or misleading information 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 Ohio and Oklahoma: 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 Oregon: 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 a crime and may be subject to fines and confinement in prison.

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 Vermont: Any person who knowingly presents a false statement in a claim for proceeds of an insurance policy may be guilty of a criminal offense and subject to penalties under state law.