



Claim Tips for Mandatory Evacuation

CSA - Generali plans provide coverage for a mandatory evacuation ordered by local authorities at your destination, provided plan requirements are met. Please follow the state authorities' guidelines regarding a mandatory evacuation and to file a claim.

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generalitravel.com/vr-claims

For a Mandatory Evacuation, CSA - Generali Vacation Rental Insurance provides Coverage For:

- » Unused vacation rental arrangements during a mandatory evacuation. Unused arrangements are pro-rated on a nightly basis. Plan limits apply.
- » Reasonable additional accommodation expenses incurred during the mandatory evacuation period. This Travel Delay coverage terminates when you are en route home or when you are able to return to the property. CSA - Generali's plans do not provide coverage for alternate vacations during a mandatory evacuation order. Per-day and per-plan limits apply.

If you go home and still have days of your trip remaining when the mandatory evacuation is lifted, you may not be reimbursed for those remaining unused arrangements. Please review your Description of Coverage/Policy for full details. If possible, we recommend seeking accommodations out of harm's way during the mandatory evacuation period.

Things to Remember

- » Keep all receipts.
- » If it is safe to do so, take reasonable steps to bring your baggage and other items with you if you are evacuated. Certain plans include coverage for lost or damaged baggage and personal effects (see your Description of Coverage or Policy for details), but some items left behind, such as perishables, will not be covered. Coverage is not available for gasoline, extra mileage and missed work days.
- » Because hurricanes increase the number of claims that we normally process, we ask for your patience and understanding if you file a claim. We have a catastrophe team dedicated to processing claims for hurricane-affected policyholders.
- » To file a claim, complete the attached Mandatory Evacuation Claim Form and send it to CSA Travel Protection - Generali Global Assistance with a copy of the rental agreement and any other supporting documentation. Be sure to send both claim form pages and include any receipts for additional expenses incurred as a result of the mandatory evacuation. Help us evaluate your claim more quickly by electronically signing the claim form and sending it by email to claims@csatravelprotection.com.

Contact the CSA - Generali claims department

Toll-Free: 800-554-4513

Email: claims@csatravelprotection.com



Travel insurance plans are administered by Customized Services Administrators, Inc., CA Lic. No. 821931, located in San Diego, CA and doing business as CSA Travel Protection and Insurance Services. Plans are available to residents of the U.S. but may not be available in all jurisdictions. Benefits and services are described on a general basis; certain conditions and exclusions apply. Travel Retailers may not be licensed to sell insurance, in all states, and are not authorized to answer technical questions about the benefits, exclusions, and conditions of this insurance and cannot evaluate the adequacy of your existing insurance. This plan provides insurance coverage for your trip that applies only during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this policy with your existing life, health, home and automobile policies. The purchase of this plan is not required in order to purchase any other travel product or service offered to you by your travel retailers. If you have any questions about your current coverage, call your insurer, insurance agent or broker. This notice provides general information on CSA's products and services only. The information contained herein is not part of an insurance policy and may not be used to modify any insurance policy that might be issued. In the event the actual policy forms are inconsistent with any information provided herein, the language of the policy forms shall govern.



Generali logoTravel insurance plans are underwritten by: Generali U.S. Branch, New York, NY; NAIC # 11231. Generali US Branch operates under the following names: Generali Assicurazioni Generali S.P.A. (U.S. Branch) in California, Assicurazioni Generali - U.S. Branch in Colorado, Generali U.S. Branch DBA The General Insurance Company of Trieste & Venice in Oregon, and The General Insurance Company of Trieste and Venice - U.S. Branch in Virginia. Generali US Branch is admitted or licensed to do business in all states and the District of Columbia.



Dear Policyholder:

Please complete and sign the attached claim form. Additionally, the following items are needed in order to process your **Trip Cancellation** claim in the most efficient and expedient way possible.

What you should provide:

- Proof of your loss (documentation that will provide dates, circumstances, and verification of your loss);
- All original, unused, non-refundable tickets (including e-tickets). If they are not in your possession, please provide the contact information so we can retrieve them. If they are refundable, please return them to the supplier for refund processing and advise if there are penalties;
- Actual proof of payment for your trip, such as credit card statements or copies of front and back of cancelled checks. **Invoices will not be accepted as actual proof of payment;**
- Proof of refunds received, such as credit card statements or copies of the front of checks;
- Proof of age for all parties making a claim, such as copies of driver's licenses or passports. If any parties are minors, please provide the names and addresses of their parents or legal guardians. If multiple parties are making a claim, please state their relationship to one another;
- All invoices and itineraries or a copy of the reservation confirmation;
- All carrier and supplier cancellation policies (schedule of penalties) that applied to your trip;
- 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.

PLEASE ENSURE THAT YOU HAVE NOTIFIED YOUR TRAVEL AGENT OR SUPPLIER OF YOUR CANCELLATION.

Thank you. Should you have any questions, please call us at (800) 541-3522.



MANDATORY EVACUATION CLAIM FORM

INSURED INFORMATION

NAME OF GUEST/TENANT

MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME/CELL PHONE	BUSINESS PHONE	E-MAIL ADDRESS		
PLAN CODE NUMBER (OBTAIN FROM FRONT OF DESCRIPTION OF COVERAGE OR POLICY)		NUMBER OF PEOPLE IN YOUR TRAVELING PARTY		

TRAVEL INFORMATION

NAME OF RENTAL PROPERTY COMPANY		PROPERTY/HOME NAME	
PHONE	RESERVATION CONFIRMATION NUMBER	UNIT NUMBER	
SCHEDULED ARRIVAL DATE		SCHEDULED DEPARTURE DATE	
DATE INSURANCE WAS PURCHASED		MANDATORY EVACUATION ORDERED BY	
WERE YOU MOVED TO ANOTHER HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOME NAME	ACTUAL ARRIVAL DATE	ACTUAL DEPARTURE DATE
DID YOU RETURN TO THE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WAS THE PROPERTY ACCESSIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE RETURNED TO THE PROPERTY	

WHAT ARE YOU CLAIMING?

<input type="checkbox"/> TRIP CANCELLATION (YOU COULD NOT GET TO YOUR RENTAL)	DATE OF MANDATORY EVACUATION
<input type="checkbox"/> TRIP INTERRUPTION (A MANDATORY EVACUATION OCCURRED DURING YOUR STAY)	DATE OF MANDATORY EVACUATION
<input type="checkbox"/> TRAVEL DELAY (YOUR TRIP WAS DELAYED DUE TO MANDATORY EVACUATION ORDER)	DATE OF MANDATORY EVACUATION

PLEASE PROVIDE PROOF OF PAYMENT FOR ANY ADDITIONAL EXPENSES INCURRED AND AN ITEMIZED FINAL COPY OF THE RENTAL AGREEMENT

ITEMS AND AMOUNTS CLAIMED

DESCRIPTION	AMOUNT CLAIMED
	\$
	\$
	\$
	TOTAL \$

IMPORTANT: PLEASE PROVIDE PROOF OF PAYMENT FOR ALL ITEMS CLAIMED.

HAVE YOU RECEIVED ANY OTHER REFUNDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE LIST
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PLEASE COMPLETE OTHER SIDE

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), 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), attest that all the statements in this document are true and complete to the best of my/our knowledge. I/we authorize Generali Global Assistance to contact me/us or anyone else involved in this matter, to verify whether or not this loss occurred. I/we further authorize Generali Global Assistance 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, 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

ADDITIONAL INSURED SIGNATURE

PRINT NAME

DATE