

CSA VACATION RENTAL INSURANCE

Rental Property Damage Documentation

(Underwritten by Stonebridge Casualty Insurance Company)

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!).
3. Please be reminded that any benefits under this program have been assigned by you to your Property Management Company

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

Guest Name

Date

Property Manager Name

Date





TRAVELPROTECTION®

SECURITY DEPOSIT PROTECTION CLAIM FORM
(UNDERWRITTEN BY STONEBRIDGE CASUALTY INSURANCE COMPANY)

SECTION I: (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

SECTION II: (To be filled out by the Property Manager)

PROPERTY MANAGEMENT COMPANY	PROPERTY ADDRESS	CITY	STATE	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
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IS THE LOSS THEFT RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, you are required to fill out a police report and submit a copy with this claim.	CAN THE DAMAGE BE REPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please submit a copy of the repair estimate. If NO, please fill out Amount Claimed below.
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AMOUNT CLAIMED

DESCRIPTION - PLEASE INCLUDE MANUFACTURER, MODEL AND SERIAL NUMBER	DATE PURCHASED	AMOUNT CLAIMED

TOTAL AMOUNT CLAIMED _____



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SECURITY DEPOSIT PROTECTION CLAIM FORM
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SECTION III: (INSURED & PROPERTY MANAGER PLEASE READ NOTICE BELOW & SIGN)

WARNING AND NOTICE

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: 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, New Mexico and Texas: 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.

Delaware, Idaho and 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.

DC, Maine and Washington: WARNING: It is a crime to knowingly provide false, incomplete, 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: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky and 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.

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.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing 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 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.

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.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to any insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

INSURED'S SIGNATURE

PRINT NAME

DATE

PROPERTY MANAGER'S SIGNATURE

PRINT NAME

DATE

Property Managers 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

Please 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