

# Mandatory Hurricane Evacuation

CSA Vacation Rental Insurance coverage was included in the cost of your rental unless you chose to decline it. You also should have received your CSA Vacation Rental Insurance Description of Coverage prior to your vacation.

CSA Vacation Rental Insurance has helped thousands of people just like you, so you're in good hands. CSA's plans cover a mandatory evacuation ordered by local authorities at your final destination provided the requirements of the policy are met. Please follow the state authorities' guidelines regarding a mandatory evacuation.

## For a Mandatory Evacuation, CSA Vacation Rental Insurance Contains Coverage For:

- Unused, vacation rental arrangements during a mandatory evacuation up to 150% of the amount of the trip cost insured. Unused arrangements are pro-rated on a nightly basis.
- Reasonable additional accommodation expenses incurred during the mandatory evacuation period. This coverage terminates when you are en route home or when you are able to return to the property. CSA's plans do not cover for alternate vacations during a mandatory evacuation order.

If you choose to go home when you have more than four days, or more than half of your total trip length remaining, you may not be reimbursed for unused arrangements after the mandatory evacuation has been lifted. Therefore, we recommend you seek accommodations out of harm's way until the storm passes. Once the evacuation order is lifted, return to the property for the remainder of your vacation.

## Things to Remember:

- Keep all receipts.
- CSA does not cover certain items left behind such as perishables, clothes or furniture. In addition, benefits are not available for gasoline, extra mileage and missed workdays.
- Because hurricanes increase the number of claims CSA normally processes, we ask for your patience and understanding. We have a dedicated Catastrophe Team to expedite claims processing for hurricane-affected policy holders.
- CSA's plans also contain coverage for other covered events in addition to Mandatory Evacuation. Please call us with questions regarding other coverages.

Complete the claim form and send it to CSA with a copy of the rental agreement and any other supporting documentation. Be sure to include any receipts for additional expenses incurred as a result of the mandatory evacuation. This helps us evaluate your claim even faster.

## For Questions or Assistance, Please Call or Email CSA:

**Toll-Free 24 Hours: 866-999-4018**

(Collect Worldwide 202-974-6480)

[claims@csatravelprotection.com](mailto:claims@csatravelprotection.com)

[www.VacationRentalInsurance.com](http://www.VacationRentalInsurance.com)



This plan is administered by CSA Travel Protection and Insurance Services. Travel Insurance is underwritten by Stonebridge Casualty Insurance Company an ALGON company, Columbus, Ohio; NAIC # 10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000. In CA, CT, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OR, OH, VT, WA and WY Policy Form #'s TAHC5100IPS and TAHC5200IPS. Certain coverages are under series TAHC6000 and TAHC7000.

Instructions for Guests 11634\_051311

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# CSA VACATION RENTAL INSURANCE MANDATORY EVACUATION CLAIM FORM

**IMPORTANT:** We must have the following to process your claim:

- An itemized final copy of the rental agreement.
- Proof of payment for any additional expenses incurred due to this loss.

**NOTE:** Only one payment will be made per reservation.

## INSURED INFORMATION

NAME ON LEASE

ADDRESS		CITY	STATE	ZIP CODE
BUSINESS PHONE ( )	HOME PHONE ( )	E-MAIL		
PLAN CODE NUMBER (obtain from front of insurance certificate)		NUMBER OF PEOPLE IN PARTY		

## TRAVEL INFORMATION

NAME OF RENTAL PROPERTY COMPANY		PROPERTY/HOME NAME		
PHONE ( )	RESERVATION/BOOKING NUMBER	UNIT NUMBER		
SCHEDULED ARRIVAL DATE		SCHEDULED DEPARTURE DATE		
DATE INSURANCE WAS PURCHASED				

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 OCCURRED
<input type="checkbox"/> TRIP INTERRUPTION (a mandatory evacuation occurred during your stay)	DATE OCCURRED
<input type="checkbox"/> TRAVEL DELAY (your trip was delayed due to mandatory evacuation order)	DATE OCCURRED

PLEASE PROVIDE PROOF OF PAYMENT FOR ANY ADDITIONAL EXPENSES INCURRED

## 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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INSURED'S SIGNATURE	DATE
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**PLEASE FAX THIS FORM AND SUPPORTING DOCUMENTATION TO 858-810-2025  
OR MAIL TO: CSA TRAVEL PROTECTION, ATTN: CLAIMS DEPARTMENT  
P.O. BOX 939057 • SAN DIEGO, CA 92193-9057 • 866-999-4018**



## Fraud Warnings

**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 and Maine:** 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:** 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 commits insurance fraud, punishable as provided in section 817.234.

**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 and Rhode Island:** 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 and Washington:** 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.