



Hurricane and Natural Disaster Claim Information

**Claims Department:**

Red Sky Claims, C/O Arch Insurance Company

Executive Plaza IV, 11350 McCormick Road, Suite 102, Hunt Valley, MD 21031

Toll Free Phone: (866) 889-7409 | **Fax:** (443) 279-2901 | **E-mail:** Redsky@Archinsurance.com

Any person who knowingly presents a false or fraudulent claim for payment of 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.

Red Sky Sun Trip Preserver Rental Insurance provides coverage for numerous situations arising from a Hurricane or other Natural Disaster.

The Sun Trip Preserver policy provides coverage for trip interruptions, cancellations or delays in the event of:

- Natural Disasters at the site of Your destination which renders Your destination accommodations uninhabitable;
- Mandatory evacuation ordered by local authorities at Your final destination due to hurricane or other Natural Disaster. You must have 4 days or 50% of Your total Trip length or less remaining at the time the mandatory evacuation ends, in order to cancel the Trip;
- Named hurricane causing cancellation of travel to Your destination that is uninhabitable for the greater of: (1) 4 days or (2) 50% of Your trip length. The Company will only pay benefits for Losses occurring within 30 calendar days after the named hurricane makes Your destination accommodations uninhabitable.
- Delays of 12 or more hours as the result of a Natural Disaster

Documents Needed When Filing Your Claim:

A fully completed Hurricane and Natural Disaster Claim Form.

[\[Redacted\]](#)

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Receipts for additional expenses (payable under covered Trip Delays only –coverage is not provided for items left behind, clothes or furniture, gasoline, extra mileage or missed workdays).

For up to date information regarding this event, please visit trippreserver.com or contact us at: 1-866 889-7409.

Please remember that hurricanes and other Natural Disasters increase the volume of claims received. Our dedicated Catastrophic Claim Team will make every effort to finalize your claim as quickly as possible. We ask for your patience during this time.



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To be completed by the Insured / Guest

Name of Insured / Guest		Reservation #
Address	Work Phone #	Home Phone #
	E-mail Address	Date of Birth
Scheduled Departure Date	Scheduled Return Date	Date of Incident (mm/dd/yy)
Property Management Company	Date Cancelled, Interrupted, Delayed (mm/dd/yy)	
Name of leaseholder on the rental property and list all guests occupying the property		
Please briefly explain the circumstances of your claim:		

Please check the box which applies to your claim

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Additional accommodation and meal expenses | Amount being claimed: _____ |
| <input type="checkbox"/> Additional Transportation Expenses | Amount being claimed: _____ |
| <input type="checkbox"/> Prepaid, Unused non-refundable property rental costs | Amount being claimed: _____ |

Please supply the following items based on which box you've checked.

- ✓ **Please submit the proof of payment (credit card statement or cashed check) for insurance purchase and claimed expenses.**
Please complete and submit the completed form along with verification of your claimed expenses:
- For additional Accommodation Expenses:
 - Please provide us with proof of payment for additional accommodations and meal expenses (invoices or receipts and a copy of your canceled check or credit card statement showing payment for the additional expenses).
 - For additional Transportation Expenses:
 - Please provide us with proof of payment for additional transportation expenses (invoices or receipts and a copy of cancelled checks or credit card statement showing payment for the additional expenses).

Signature	Date
Authorized Representative	Date