Arch Insurance Canada Ltd.
Trip Delay/Missed Connection Claim Form

Claims Department: Executive Plaza IV, 11350 McCormick Road, Suite 102, Hunt Valley, MD 21031
Phone No: 1-844-800-2486 | **Fax:** 1-443-279-2901 | **Email:** redsky@archinsurance.com

Trip Delay/Missed Connection Claim Instructions

The Trip Delay/Missed Connection Claim Form can be used to file claims for:

- Unused, pre-paid, non-refundable portions of your trip.
- Additional Transportation costs for your outbound trip (Missed Connection Benefit only).
- Additional hotel and meal accommodations following the delay of your trip or a missed travel connection.

Your claim should be submitted to the address at the top of these instructions.

For all claims, submit:

- Copy of your original travel itinerary
- Proof of all claimed expenses
- Copies of any refunds, adjustments, or credits provided by the tour operator, airlines or other travel providers;
- Documentation to support non-refundable funds, or refunds/adjustments/credits provided or denied
- For flights, please request a refund from the airline and provide us with a copy of the refund payment or written denial;
- Proof of loss: Documentation showing the reason that your trip was delayed or your travel connection was missed.

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Section 1 - Information about Insured

To be completed by the Insured Claiming Benefits

Name of Claimant / Insured	Policy No.	Phone No. ( )
Address		
Email Address		Date of Birth
Travel Supplier / Tour Operator / Cruiseline		

Travelling Companion(s)	Relationship	Trip Departure Date	Trip Return Date
_____	_____	Initial Trip Deposit Date	
_____	_____	Trip Delay/Missed Connection Date	
_____	_____		

Do you have other travel or other insurance that may provide coverage for this claim? Yes ☐ No ☐

If so, has claim been submitted to the other company? Yes ☐ No ☐

Name, Address & Phone No. of the other insurance company	**Type of Claim**
_____	☐ Trip Delay
_____	☐ Missed Travel Connection
Policy No.	

Briefly explain the circumstances of your claim:

_____

_____

_____

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Section 2 - Claimed Expenses

Enter the total of all claimed expenses in the table below. You will need to provide supporting documentation in order for the claim to be processed. See the Trip Delay/Missed Connection Claim Instructions for required documents.

Claimed Expenses

Category	Amount
Unused Tour Expense	$ _____
Unused Cruise Expense	$ _____
Unused Hotel Expense	$ _____
Additional Airfare Expense	$ _____
Additional Hotel Expense	$ _____
Additional Food Expense	$ _____
Additional Local Transportation	$ _____
Expense Other	$ _____
Please Specify: _____	
Expenses (subtotal)	$ 0.00
Total Refunds/Credits Received	$ _____
Total Claimed Expenses	$ 0.00

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable by law

I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

_____ _____

Signature of Claimant **Date**

Authorization to Disclose Information

To any medical care provider, medical care facility, insurer, government-sponsored health plan, or employer: I authorize the release of any medical information about me to Arch Insurance Canada Ltd., (the "Company"); or it's authorized representative. This applies to all information about the diagnosis, treatment, or prognosis of any illness or injury I now have or have had in the past.

To any insurance company, any travel organization or agency, airline carrier, cruise line, your operator, rental agency, hotel, motel, or similar entity providing lodging on a rental / lease basis or any other person who may have knowledge regarding this claim: I authorize the release of any information requested regarding this claim and the loss reported.

The Company will use this information to determine if any claim is eligible. Any information obtained will not be released by the Company except to my primary health insurance carrier (if any) or persons or organizations performing investigation or legal services for the Company in connection with my claim. A copy of this authorization shall be considered as effective and valid as the original and shall remain in effect for one year from the date of authorization.

I certify that the information given by me in support of my claim is true and correct. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution or insurance fraud.

_____ _____

Claimant or Authorized Representative's Signature **Date**

_____

If Authorized Representative, Relationship to Claimant