

# Nationwide – Trawick - Collision Damage Waiver

## Claim Form & Claimant's Statement

### PARTICIPANT'S INFORMATION:

Plan Number and/or Name: \_\_\_\_\_

Name(s) and birthdates of all claimants:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### TRAVEL SUPPLIER / PROVIDER INFORMATION:

Name of Tour Operator/Cruise Line/Airline you were traveling with: \_\_\_\_\_

Scheduled Date of Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_

Scheduled Date of Return: \_\_\_\_/\_\_\_\_/\_\_\_\_

Origination: \_\_\_\_\_

Destination: \_\_\_\_\_

Flight Number: \_\_\_\_\_

Flight Number: \_\_\_\_\_

Air Carrier: \_\_\_\_\_

Air Carrier: \_\_\_\_\_

### LOSS INFORMATION:

Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please describe what occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place of Loss: (airport, hotel, rental agency, etc.)

Name and Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

### DOCUMENTATION REQUIREMENTS:

Depending upon the circumstance involved in the loss, one or more of the following items may be required to complete the processing of your claim. Please place a check by those items you have attached. We recommend you keep copies of any items submitted with this claim.

\_\_\_\_ Airline Ticket Stub/Receipt

\_\_\_\_ Baggage Claim Stub/Receipt

\_\_\_\_ Police Report

\_\_\_\_ Statement from Hotel/Motel, Airline Carrier or Airport Facility that concerns your lost property.

**Note:** You must file a report with the appropriate authorities for damaged, lost or stolen property.

Car Rental Agreement

Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, hotel/motel or other similar establishment or any other insurance company providing reimbursement to you for the loss.

Proof of ownership of the items lost or stolen

**Note:** Acceptable forms of proof of purchase include credit card statements, sales receipts or cancelled checks.

Other (please describe): \_\_\_\_\_

Please advise if you wish to be contacted via e-mail or regular mail \_\_\_\_\_

**DESCRIPTION OF DAMAGED ITEMS:**

Item(s):	Estimated Value:	Have you received reimbursement?	If so, from whom?	How much?
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
	\$	Yes No		\$
Total	\$			\$

(please use another page if you are claiming more items)

**OTHER INSURANCE / AUTHORIZATION:**

Company Name and Address: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact: _____
Phone # (_____) _____ - _____

I UNDERSTAND that it is illegal to knowingly file a false or fraudulent claim or to knowingly help someone else file one. I have read and understand the Fraud Notices on page 8 of this document.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**MAILING INSTRUCTIONS:**

Send this form and any accompanying documentation to:

Attention: Co-ordinated Benefit Plans, LLC  
On Behalf of Nationwide Mutual Insurance Company and Affiliated Companies  
P.O. Box 26222  
Tampa, FL 33623

Or

E-mail your information to: [NWTravClaims@cbpinsure.com](mailto:NWTravClaims@cbpinsure.com)

**CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY**

Please be advised, our preferred method of communication with you is electronically by email. Use of email helps us provide better and faster service. Please provide your consent to this in the area below. We will keep this on file with your claim.

\*\*\*\*\*

**EXPRESSED CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY:**

**I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY.**

**I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THE ELECTRONIC DELIVERY\***

**I ACCEPT \_\_\_\_ (please write in YES OR NO)**

**Please confirm the preferred Email address in clear print below:**

**ENTER Email Address Here:**

\*\*\*\*\*

**\*CLICK THE TERMS AND CONDITIONS ABOVE TO REVIEW ONLINE, OR DOWLOAD A COPY BY TYPING THE BELOW URL INTO YOUR INTERNET BROWSER:**

<http://policydocuments.tpaproducts.com/EDOD/consent.pdf>

To view the Nationwide Privacy Statement and/or Notice of Privacy Policy, click the links below

[Privacy Statement](#)

([http://policydocuments.tpaproducts.com/Nationwide/HIPAA\\_Notice\\_of\\_Privacy\\_Practices.pdf](http://policydocuments.tpaproducts.com/Nationwide/HIPAA_Notice_of_Privacy_Practices.pdf))

[Privacy Policy](#)

([http://policydocuments.tpaproducts.com/Nationwide/Nationwide\\_Privacy\\_Policy.pdf](http://policydocuments.tpaproducts.com/Nationwide/Nationwide_Privacy_Policy.pdf))

## State Fraud Notices

**Alabama** Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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.

**Arizona** Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas** 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.

**California** For your protection California law requires the following to appear on this form. Any person who knowingly presents a 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 an 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** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia** 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.

**Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Indiana** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Kentucky** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**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.

**Maine** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**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 any false or misleading information is subject to criminal and civil penalties.

**New Mexico** 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.

**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 \$5,000 and the stated value of the claim for each such 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.

**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.

**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.

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

**Texas** Any person who knowingly presents a 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.

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

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

**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 fines and confinement in prison.

**All Other States** 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/or civil penalties.