

# COMMISSION PROTECTION CLAIM FORM

## Instructions & Required Documentation

Please complete and sign the attached claim form. Additionally, the outlined items below are required in order to process your commission protection claim. Incomplete forms or documentation may result in delay of claim processing.

### THREE EASY WAYS TO SUBMIT YOUR CLAIM

You can submit your claim in one of these three easy ways:

**Scan/Upload:** [www.travelexinsurance.com](http://www.travelexinsurance.com)

**Email to:** [travelex.claims@bhspecialty.com](mailto:travelex.claims@bhspecialty.com)

**Mail to:** Berkshire Hathaway Specialty Insurance  
P.O. Box 31003, Charlotte, NC 28231-1003

### QUESTIONS?

Feel free to contact us.

**Call:** 855-205-6054

**Email:** [travelex.claims@bhspecialty.com](mailto:travelex.claims@bhspecialty.com)

**Fax:** 715-303-6328

**Claims administrated by Berkshire Hathaway Specialty Insurance for Travelex Insurance Services, Inc. Insurance is underwritten by Berkshire Hathaway Specialty Insurance Company for all policies, except those delivered as a surplus line coverage. For policies delivered as a surplus line coverage, insurance is underwritten by National Fire & Marine Insurance Company.**



## REQUIRED DOCUMENTATION

Completed Claim Form – (attached)  
Commission Recall Statement or Proof of Loss of Commission  
Proof of Commission Amount Retained – if any  
Proof of Supplier's Final Payment Date  
Proof of Client's Final Payment  
Proof of Trip Commission Rate



## AGENCY INFORMATION

Agent's Name

Business Phone

*(last, first)*

Agency's Name

Agency's Full Address

Insured/Client's Name

Confirmation/Policy Number

Booking/Locator Number

**CLAIM INFORMATION**

Departure Date	Cancellation Date with Agency	Cancellation Date with Tour Operator
(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Total Number of Passengers	Did the Clients receive a refund from the Tour Operator? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please indicate amount:
	Were the Clients charged a published penalty by your Agency upon Cancellation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please indicate amount:
Total net value of trip (excluding taxes and service fees)		\$
Total commission originally due to Agency		\$
Commission retained by Agency on Cancellation		\$
Net commission lost due to Cancellation		\$

**I DECLARE THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND CORRECT.**

I authorize any other insurance plan, under which I have coverage, to disclose information as may be necessary or to make payment in respect of my claim to Berkshire Hathaway Specialty Insurance directly. I also authorize Berkshire Hathaway Specialty Insurance to disclose to any other Plan, under which I have coverage, any and all information as may be necessary with respect to my claim.

**Signature of Insured Claimant****Date**

(mm/dd/yy)

☐ Claimant understands clicking the agreement box and typing the claimant's name constitutes an electronic signature. Electronic signatures are legal and enforceable in the same fashion as a traditional signature.

## CLAIM-FORM FRAUD REQUIREMENTS

### Mandatory – Please read and sign below.

#### All States Other Than Those Listed:

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.

#### 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.

#### 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 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 Affairs.

#### Delaware

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a claim containing any false, incomplete or misleading information is guilty of a felony.

#### District of Columbia

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 insurer, files a statement of claim or 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 insurer, files a statement or claim containing any false, incomplete or misleading information is guilty of a felony.

#### Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits 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, with intent to defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

#### 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 procedures.

#### 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 five thousand dollars 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

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.

#### 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.

#### 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.

**I CERTIFY** that I have read the fraud statement that applies to my state of residence. If my state of residence is not listed, I certify that I have read the "All States Other Than Those Listed"

Signature

Date

(mm/dd/yy)

☐ Claimant understands clicking the agreement box and typing the claimant's name constitutes an electronic signature. Electronic signatures are legal and enforceable in the same fashion as a traditional signature.