POLICY NUMBER:

RCI 3858580

Instructions (All sections must be filled out completely, incomplete forms will be returned):

- 1. Form must be completed by the claimant
- 2. Attach a clear copy of both sides of the police report
- 3. Attach a clear copy of your rental agreement
- 4. Attach copies of two estimated for repairs, if available
- 5. Mail or Email to HSR



HSR Plaza
4100 Medical Parkway, Suite 200
Carrollton, Texas 75007
Phone: (972) 512-5600 Fax: (972) 512-5820
Toll Free (866) 477-4126
Budgetclaims@hsri.com

Underwritten by: EMPIRE Fire and Marine Insurance Company



Budget Rent A Car System, Inc. Tow Guard Claim Form (ATP)

RENTER'S REPORT								
1. Name of Renter				2. Email				
3. Date of Loss	4. Time	AM PM	5. Where loss	s occurred				
6. Name of Claimant (Last	First	Middle)		7 Claimant's	Home Pho	ne Number (i	include area code)	
or rame or oralliant (2001		illiadio,		Ti Giannani G		(1	inolado aroa oodo,	
O. Address of Olehanst (Otrest, Otto, Otres, Tip)					0.0	I D - 1 -	An Data Damanta d	
8. Address of Claimant (Street, City, State, Zip)					9. Rental Date 10. Date Reported			
11. Year, Make, Model of Your Vehicle				12. Where Vehicle or Salvage is now located				
13. Name of Customer who signed rental agreement and initialed			14. Renta	14. Rental Agreement Number		15. Vehicle Number		
PAE coverage box								
46 Name of Pontal Cay Company								
16. Name of Rental Car Company 17. Address where car rented (Street, City, State, Zip)								
I certify that I am the RENTER and that this insurance was purchased for the period of this vehicle rental, and that the person(s) named was either the								
RENTER or a member of my traveling party.								
Warning: 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. FOR RESIDENTS OF 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. (Fraud language varies by state. Please see attached.)								
violation. (1 tada tangaago varios by state. 1 toase see attached.)								
Y Signature of Ponter								
-								
·								
How did loss occur? (Please be detailed and specific)								
Deductible - \$500.00	•		00			Date		

By entering your name above in, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form

STATE SPECIFIC FRAUD WARNINGS

For residents of 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.

For residents of 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.

For residents of 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.

For residents of 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.

For residents of Delaware and Idaho: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

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

For residents of 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.

For residents of Kansas: 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 may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

For residents of 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.

For residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

For residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For residents of 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.

For residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

For residents of Ohio and Oklahoma: 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.

For residents of Oregon: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

For residents of 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.

For residents of Vermont: Any person who knowingly presents a false statement in a claim for proceeds of an insurance policy may be guilty of a criminal offense and subject to penalties under state law.