

POLICY NUMBER:

PTP N00720756



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

1. Claimant must complete this form
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 original purchase receipts of all items claimed
5. Mail to HSR

HSR Plaza
 4100 Medical Parkway
 Carrollton, Texas 75007
 Phone: (972) 512-5600 Fax: (972) 512-5820
 Toll Free (866) 477-4126

Underwritten by: ACE American Insurance Company

Fraud Warning: "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."

Budget Rent A Car System, Inc.
Personal Effects Coverage Claim Form (Personal Effects Portion of PAE)

RENTER'S REPORT

1. Name of Renter		2. Date of Loss	3. Time AM PM	4. Where loss occurred
5. Name of Claimant	Last	First	Middle	6. Claimant's Home Phone Number (include area code)
7. Address of Claimant (Street, City, State, Zip)			8. Rental Date	9. Date Reported
10. Name of Customer who signed rental agreement and initialed PAE coverage box		11. Rental Agreement Number	12. Vehicle Number	
13. Name of Rental Car Company		14. Address where car rented (Street, City, State, Zip)		

A separate form must be filled out for each claimant.

Name and relationship (e.g. spouse, sister) of other people in your traveling party affected by this loss

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.

X Signature of Renter

Date

How did loss occur? (Please be detailed and specific)

***Insurance Coverage:** The coverage extends throughout the entire rental period, and insures the possessions with which you are traveling for actual cash value against loss or damage caused directly by fire, theft, vandalism, flood, explosions, lightning, or accident to the rental car. In the event of theft, a police report must be filed, listing the stolen property.

***Amount of Insurance:** The maximum coverage during the rental period is \$600 for each individual covered. The maximum total payable during the rental period is \$1800, subject to the \$600 per person maximum. A \$25 deductible will be applied to each individual claim.

***Personal Effects NOT Covered (Exclusions):** The policy does NOT cover loss of currency, coins, deeds, stamps, securities, tickets, documents, cell phones, contact lenses, prescription glasses, furs, jewelry, and prosthetic devices. Perishables, animals, and loss or damage due to wear and tear are also not covered. Breakage of glass is not covered unless it coincides with another loss or damage, which is insured by this policy. The policy does NOT cover loss by mysterious disappearance, delay, or loss of market, and indirect or consequential loss of any kind are not covered.

*This description is intended only as a brief summary and does not attempt to present all of the information in the applicable policy.

Personal Effects List

Claimant: _____

No.	Description of Item (e.g. shirt, shoes)	Place Purchased (Store, City, State)	Purchase Date	Cost New
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Use additional pages if necessary

TOTAL _____

FRAUD STATEMENTS

GENERAL: 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.

ALASKA, ARKANSAS, IDAHO, INDIANA: Any 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.

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.

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 RESIDENTS: WARNING 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 an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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.

MARYLAND: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

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 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.

OREGON: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

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 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.

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: Any person who, with the 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 may have violated state law.