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|  | | **CLAIM FOR BODILY INJURY OR WRONGFUL DEATH** | | | | | *INSTRUCTIONS*: Prepare in ink. Please read the instructions on the reverse side carefully and supply all information requested. Use additional sheet(s) if necessary. |
| **1. Submit To:**  Covenant Aviation Security (CAS)  Claims Department  660 West Field Road  PO #280440  San Francisco, CA 94128-9741  Fax: 630-633-2606, Email: [claims@covenantsecurity.com](mailto:claims@covenantsecurity.com) | | | | **2**. **Name, Address and Telephone Number of Claimant:**  *(Number, Street, City, State, Zip Code & Telephone Number)* | | | |
| **3. Claimant Email Address:** | **4. Date of**  **Incident:** | | **5. Time of**  **Incident:** | **6. Airport and**  **Airline:** | | **7. Location where incident occurred:** | |
| **8. CAS Personnel Involved (if known):**  Name(s):  Badge Number(s): | | | **9. CAS Supervisor Notified:**  🞏 Yes 🞏 No  Name (if known): | | | **10. Was an incident report filed with the airport, airline, or CAS?**  🞏Yes 🞏 No | |
| **11. State Facts of Incident and Nature and Extent of Injury – Use Additional Pages if Necessary:** | | | | | | | |
| **12. WITNESSES:** | | | | | | | |
| *NAME* | | *ADDRESS and/or Email* | | | | | |
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| **13. Please identify your health or accident insurance carrier along with your policy number and their address and phone number. If you have no health or accident insurance, please state so.** | | | | | | | |
| **14. Have you filed a claim with your insurance carrier in regards to this instance?**  🞏 Yes 🞏 No  **14a. Please state the amount of your deductible in $US:**    **14b. Please state the co-insurance amount you must pay under your policy:** | | | | | | | |
| **16. SIGNATURE OF CLAIMANT** | | | | | **17. DATE OF CLAIM** | | |
| CAS Claims Form 010-01-102  Covenant Aviation Security | | | | | | | |

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| **PLEASE READ: CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**    1. For Claims Originating in California:  **For your protection, California law requires the following to appear on this form:**  **(a) It is unlawful to:**  **(1)  Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss, including payment of a loss under a contract of insurance.**  **(2)  Knowingly present multiple claims for the same loss or injury, including presentation of multiple claims to more than one insurer, with an intent to defraud.**  **(3)  Knowingly cause or participate in a vehicular collision, or any other vehicular accident, for the purpose of presenting any false or fraudulent claim.**  **(4)   Knowingly prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented, in support of any such claim.**  **(b) Every person who violates any provision of this section is punishable by imprisonment in the state prison for two, three or four years, or by a fine not exceeding ten thousand dollars, ($10,000), or both.** |
| **INSTRUCTIONS**  **a. Complete all items. Write N/A where applicable.**  **b. The claim must have a *specific date*. If events happen over several days, a separate claim form should be submitted for each day/date.**  **c. The claim must name a *specific location* (i.e*.,* terminal, checkpoint, concourse, baggage area, etc.).**  **d. The claim must have a *statement of fact.* Be detailed as possible—the more accurate and detailed the description, the faster an investigation and determination will be. Avoid non­factual details or assumptions.**  **e. The claim must have a *signature.***  **Documentation Checklist**  ***Proof of Travel must be substantiated—submit a copy of your:***  **🞏 Boarding Pass *or***  **🞏Ticket**  ***Additional documentation:***  **🞏 Police, witness or incident reports**  CAS Claims Form 010-01-102  Covenant Aviation Security |