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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 Department660 West Field Road PO #280440San Francisco, CA 94128-9741Fax: 630-633-2606, Email: 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*  |
|  |  |
| **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 010-01-102Covenant 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 010-01-102Covenant Aviation Security |