



Contact Details

Name/Company Insured:

Contact Person

Owner(s) or Principle(s) Full Names:

Mailing Address:

City:

State:

Zip Code:

Home Phone Number:

Fax Number:

Cell Phone Number:

Email:

Policy Number:

Loss Details

Brief Circumstances of the loss:

Have you advised a trade association of your loss? (PNG, APS, ASDA, etc).

Yes

No

Have you ever suffered a loss in respect of material similar to that now claimed for – even if not insured at the time?

Yes

No

If yes, please provide details

Does any third party have an interest in the property being claimed for?

Yes

No

If yes, please provide details

Have the Police been advised?

Yes

No

If yes, please provide details; use a separate sheet if necessary and attach a copy of the police report

Date of Loss:

Is this claim in respect of a loss or damage?

Loss

Damage

Details of item(s) lost/damage

Value of Items Lost/Damaged:

If you did not give a full value, please give best initial estimate of the values involved:

If Items are damaged, are they available for inspection? Yes No

Exhibition Loss (Answer only if applies)

Name the venue of the exhibition where the loss occurred:

Have the Organizers and/or Show Security been advised Yes No

Premises Loss _Answer only if applies)

If the loss is a burglary/housebreaking please advise how entry was gained:

Were all security devices/protections activated at the time of loss? Yes No

If no, please provide details

Transit Loss (Answer only if applies)

Date of sending: Have you attached proof of sending? Yes No

Give full name and description of the carries/service utilized:

Have you advised the carrier of the loss/damage? Yes No

Have you received, or do you expect to receive any compensation from the carrier? Yes No

If yes, how much?

Recipient's Full Name:

Mailing Address: City State: Zip Code:

Telephone Number: Email:

Other Information

Are there any other facts that you believe your insurers should be advised of in relation to this loss or to the items now being claimed for?

Declaration

I/We understand that you may seek further information for the consideration of this claim. I/We declare that the above statements and information given are true and to the best of my/our knowledge and belief. I/We understand that withholding information, or giving false information can lead to a claim being rejected and further actions being taken by underwriters.

Signature:

Date:

55 Broadway, 24th Floor, New York, New York 10006
Phone 212.509.3777 • Fax 212.480.9825
www.hughwood.com

The following documents should be attached to your claim form (if applicable to this claim). If you do not yet have all documentation to hand, please submit the completed claim form with as many documents as you are able to supply at this stage. If you require any clarification as to what your insurers will require, please contact your local HWI office for assistance.

- Copy of Police Report
- Proof of Value
- Security Videos
- Pictures
- Proof of Sending
- A letter or fax signed by the intended recipient confirming non-receipt (if the package was being sent to you, the sender should provide signed confirmation of what was contained in the package and when it was dispatched)
- A letter from the carrier confirming that this matter has been reported to them, advising the outcome of any enquiries that they may have made and giving details of any compensation payable
- Proof of value of the lost/damaged items and/or a copy of your own commercial invoice
- Estimates for repairs to damaged items, or confirmation that they are beyond economic repair

Applicable in 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.

Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee, Virginia, and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another 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 subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN, and VA insurance benefits may also be denied.

Applicable in 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

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Applicable in Florida and Idaho

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a Statement of Claim containing any false, incomplete, or misleading information is guilty of a felony.**In Florida – Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in 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.

Applicable in Minnesota

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

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and wilfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with 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.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: 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.