



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	2. Name, Address and Telephone Number of Claimant: <i>(Number, Street, City, State, Zip Code & Telephone Number)</i>
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3. Claimant Email Address:	4. Date of Incident:	5. Time of Incident:	6. Airport and Airline:	7. Location where incident occurred:
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8. CAS Personnel Involved (if known): Name(s): Badge Number(s):	9. CAS Supervisor Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No Name (if known):	10. Was an incident report filed with the airport, airline, or CAS? <input type="checkbox"/> Yes <input type="checkbox"/> No
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11. State Facts of Incident and Nature and Extent of Injury – Use Additional Pages if Necessary:

12. WITNESSES:	
<i>NAME</i>	<i>ADDRESS and/or Email</i>

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
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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