

Request for Commission Reimbursement

Please print legibly.

Travel Retailer Information

Travel Retailer Name: _____ Chubb Code: _____

Contact Name: _____ Telephone #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Insured Information

Insured Name: _____ Claim #: _____

Trip Cost: _____ Paid Date: _____

Total Commission amount to be reimbursed: \$ _____ (Maximum Limit: Full commission
up to 20% of insured trip cost)

Supporting Documentation

- Proof of recall or withholding of your commission on the letterhead of the travel supplier.

If your commission was sent back to the insured directly:

- A copy of the original invoice from the travel supplier verifying the amount of the commission.
- A copy of the front and back of your cancelled check to the insured for that amount.

Commission Reimbursement requests will be reviewed after the insured's trip cancellation claim has been paid.

PLEASE READ AND SIGN THIS FORM.

FAILURE TO SIGN AND DATE MAY DELAY THE REVIEW OF YOUR PAYMENT.

I authorize any insurance company, travel organization, or any other person or entity to release information regarding this request. I understand that this information will be used by the Chubb Travel Protection Claim Administrator, or its authorized representatives for the purpose of evaluating and determining whether, and in what amount, reimbursement should be made.

Commission Reimbursements are not insured benefits. Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person, who files a request for reimbursement containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to criminal prosecution and/or civil penalties.

By signing this request form, I certify that all information given above is true and complete to the best of my knowledge.

Signature: _____ Date Signed: _____

Print Name: _____

Mail: ESIS A&H Claims PO Box 6802; Scranton, PA 18505

Email: USTravelClaims@ESIS.com

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