

Hotel Overbooking

A. HOW TO FILE A REIMBURSEMENT REQUEST

Call the **Administrator** at 1-800-711-4280 to request a reimbursement request form. **You** must report the request within ninety (90) days of the date of the **Hotel Overbooking**.

The following required items, must be sent to the **Administrator** at P.O. Box 7690, St. Clair Shores, MI 48080 or email to reimbursements@cynosurefinancial.com, and be postmarked within one-hundred and eighty (180) days of the loss, or the request may be ineligible:

1. The fully completed and signed reimbursement request form.
2. Proof of the original hotel reservation, along with the reservation confirmation number **You** received from the hotel.
3. Proof of the **Hotel Overbooking**.
4. Proof of stay at another hotel for that night (copies of **Your** paid hotel receipts showing dates, amounts, etc.).
5. Any other documentation that may be reasonably requested by the **Administrator** to validate a reimbursement request.