

Trip Interruption

A. HOW TO FILE A REIMBURSEMENT REQUEST

On becoming aware of a potential loss for Trip Interruption, **You** should:

1. give immediate notice to the **Common Carrier**; and
2. notify any relevant insurer.

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

The following required items, must be sent to the **Administrator** at P.O. Box 7690, St. Clair Shores, MI 48080 or reimbursements@cynosurefinancial.com and be postmarked within one-hundred and eighty (180) days of the loss, or the request may not be eligible:

1. The fully completed and signed reimbursement request form.
2. Documentation showing the cost, scheduled date(s) and passenger names(s) of the **Trip**.
3. Proof of a **Covered Reason**, including a written statement by a **Physician** or a death certificate.
4. A copy of the **Common Carrier's** cancellation policy.
5. The result of any settlement made to **You** by the **Common Carrier**.
6. Details of **Your** travel insurance and any payment made by them (if applicable).
7. Any other documentation that may be reasonably requested by the **Administrator** to validate a request.