

Political Evacuation And Repatriation Claim Form

Date of Birth: (mm/dd/yyyy)	Gender:	
	Male	Female
Passport/Visa Number: Attach a complete copy, include	de every page e	even if blank
Telephone Number:		
	Passport/Visa Number: Attach a complete copy, include	Passport/Visa Number: Attach a complete copy, include every page e

PART B: Required documents
Complete travel itinerary
Confirmation that evacuation of non-essential government personnel, in or near your location, was ordered by the US Department of State or similar government organization after your arrival to the affected location, due to a political threat.
Confirmation that the US Department of State issued a Level 3 or Level 4 travel warning after your arrival to the affected location, due to a political threat.
Copies of itemized, paid receipts for all local commercial transportation expenses incurred for transportation to a place of safety following the order of evacuation.
Copies of itemized paid receipts for all local accommodation expenses incurred in the place of safety following the order of evacuation.
Copy of unused return ticket.

PART C: Verification		
I verify that all information contained in this form is true, correct and complete to the best of my knowledge.		
Printed Name of Insured:	Date: (mm/dd/yyyy)	
Signature of Insured:	,	

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.