



Purchase Protection Claim Form	Claim Number:
SECTION 1: CARD MEMBER INFORMATION:	
American Express Card Account Number used to purchase the item: _____	
Card Member's Name: _____ Address: _____ City: _____	
State: _____ Zip: _____	
Phone Number: _____	
Email: _____	
SECTION 2: PURCHASE INFORMATION:	
Item: _____ Manufacturer: _____ Model: _____	
Color / Size / Material: _____ Merchant: _____	
Item #: _____ Serial #: _____	
Date of Purchase: _____ Date item was delivered (if not on date of purchase): _____	
Item Amount: _____ Charge Amount: _____	
If more than one item is being claimed, please use the following inventory sheet to include all items claimed.	
SECTION 3: LOSS INFORMATION:	
Type of Loss: <input type="checkbox"/> Accidental Damage <input type="checkbox"/> Theft <input type="checkbox"/> Lost	
Date of Loss: _____	
City, State, and Country where loss occurred: _____	
Please describe in detail your loss: _____	
SECTION 4: INSURANCE INFORMATION:	
Do you have a primary homeowner's, renters, condo owner, or business insurance policy?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide the following information:	
Insurance Company Name: _____	
Policy Number / Claim Number: _____	
Agent's / Adjuster's Telephone Number: _____	
Deductible Amount: _____	

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SECTION 5: ITEMIZE CLAIMED EXPENSES:

If you need space in addition to the area provided, please include additional pages as needed for your itemization of your items.

Quantity	Item Description / Brand	Merchant Name	Purchase Date	Amount / Currency
Total expenses:				
Less amount received from other sources:				
Total Amount Claimed: (including additional items, if attached)				

ADDITIONAL INFORMATION:

Please refer to your plan documents for complete benefits information. Below is some information about the claim you are filing:

There are some products and items not covered under this program including, but not limited to, the following:

Travelers checks, tickets of any kind, negotiable instruments (including, but not limited to, gift certificates, gift cards and gift checks), cash or its equivalent or rare stamps or coins; animals or living plants; consumable or perishable items with limited life spans (including, but not limited to, food, perfume, light bulbs, batteries); one-of-a kind, antique or previously owned items; motorized vehicles and watercraft, aircraft, and motorcycles or their motors, equipment, parts or accessories; stolen or damaged property consisting of articles in a pair or set. Coverage will be limited to no more than the value of any particular part or parts, unless the articles are unusable individually and cannot be replaced individually, regardless of any special value they may have had as part of a set or collection; {items purchased for resale, professional, or commercial use; permanent household and/or business fixtures, including, but not limited to, carpeting, flooring and/or tile; business fixtures, including, but not limited to, air conditioners, refrigerators, heaters; and hospital, medical and dental equipment and devices.}†

† The language between the brackets does not apply to eligible Corporate or Business Card Accounts.

There are some Occurrences not covered under this program including, but not limited to, the following:

War or any act of war, (whether declared or undeclared) participation in a felony, riot, civil, disturbance, protest or insurrections, service in the armed forces or units auxiliary to it; any activity directly related to and occurring while in the service of any armed military force of any nation state recognized by the United Nations; fraud or abuse or illegal activity of any kind by the Card Member; confiscation by any governmental authority, public authority, or customs official; damage or theft while under the care and control of any third party in whose possession the property purchased by a Card Member has been temporarily placed; not being reasonably safeguarded; theft from baggage not carried by hand and under Your personal supervision or under the supervision of a traveling companion known by You; damage through alteration (including, but not limited to, cutting, sawing and shaping); normal wear and tear of any kind, inherent product defect or manufacturer's defects or damage to an item purchased for play and while the item was being used for its intended purposes; damage or theft while under the care and control of a common carrier; or leaving property at an unoccupied construction site; fraudulent, dishonest, or criminal acts or omissions, committed by your partners, members, officers, managers, employees (including leased or temporary employees), directors, trustees, or authorized representatives.

SIGNATURE / ACKNOWLEDGEMENT:

PLEASE READ THE INFORMATION BELOW AND SIGN THIS FORM PRIOR TO SUBMISSION.

I UNDERSTAND THAT ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF INSURANCE FRAUD.

Card Member's Signature (required): _____ **Date:** _____

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

Please be advised that there may be an applicable statute of limitations that may bar your rights in the future. Please refer to your Certificate/Description of Coverage for details.