



**Outer Banks Power Outage  
Vacationer Claim Form**

**PART I - CLAIMANT IDENTIFICATION**

**Claimant's Name (first, middle, last):**

[Grid for Name]

**Address:**

[Grid for Address]

**City:**

[Grid for City]

**State:**

[Grid for State]

**Zip:**

[Grid for Zip]

**Primary Telephone Number:**

[Grid for Primary Telephone Number]

**Secondary Telephone Number:**

[Grid for Secondary Telephone Number]

**Email Address:** (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

[Grid for Email Address]

**Names and relationships of other person(s) accompanying:**

[Grid for Names and relationships of other person(s) accompanying]

**PART II - CLAIM DESCRIPTION: *Explain the cause of financial loss and description of expenses incurred***

Did your location sustain a power outage?

Yes  No

Did you sustain property damages due to the power outage?

Yes  No

Did you evacuate your location?

Yes  No

If yes, did you incur expenses due to the evacuation?

Yes  No

Does this claim involve your Cancellation of Vacation due to power outage at vacation location?

Yes  No

Additional Description:

[Large text area for Additional Description]



PART III - VACATION INFORMATION: *Complete Applicable Sections below*

1. **Scheduled Date to Depart for Vacation**

/  /  (mm/dd/yyyy)

2. **Actual Date Departed for Vacation (if Applicable)**

/  /  (mm/dd/yyyy)

3. **Origin Location: (i.e. home address, etc.)**

Name of Location:

Address:

City:

State:

Zip:

4. **Vacation Destination**

Name of Location:

Address:

City:

State:

Zip:

5. **Scheduled Date / Time to Arrive at Vacation Destination**

/  /  :  :   
(mm/dd/yyyy) hh:mm am/pm

6. **Actual Date / Time Arrived at Vacation Destination**

/  /  :  :   
(mm/dd/yyyy) hh:mm am/pm

7a. **Date / Time Departed from Vacation Destination**

/  /  :  :   
(mm/dd/yyyy) hh:mm am/pm

7b. **Was Vacation period reduced due to power outage and evacuation order?**

Yes  No

7c. **Was Vacation cancelled due to power outage and evacuation order?**

Yes  No

7d. **Was Departure or Trip Cancellation due to power outage?**

Yes  No



PART III - VACATION INFORMATION: *Complete Applicable Sections below (cont.)*

**7e. Was Departure or Trip Cancellation due to Evacuation order?**

Yes  No

Evacuation Date:

/  /  (mm/dd/yyyy)

**8. Date / Time Was Scheduled to Depart from Destination**

/  /  :   am/pm  
(mm/dd/yyyy) hh:mm

**9. Did you pre-pay a portion or entire amount of a travel/rental agreement(s)?**

Total Amount of Agreement	\$	<input type="text"/>	.	<input type="text"/>
Amount Paid	\$	<input type="text"/>	.	<input type="text"/>
Amount Refunded	\$	<input type="text"/>	.	<input type="text"/>
Amount Pending Refund	\$	<input type="text"/>	.	<input type="text"/>
Trip Insurance Purchased?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Trip Insurance Amount Pending Refund	\$	<input type="text"/>	.	<input type="text"/>



PART IV - CLAIM ITEMIZATION

Total Amount you are Claiming:

\$					.		
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Please itemize amounts you are claiming for property damages or expenses:

Description	Purchase Date <i>(list chronologically)</i> Month/Day/Year	Name of Vendor	Date(s) of Travel / Stay	Original Purchase Price	Pending / Received Credit or Voucher and Value	Non-refundable Amount Claimed
<b>Total</b>						



PART IV - CLAIM ITEMIZATION (cont.)

**Documentation:**

Please list all documentation and return these documents, the signed claim form and all other required documents. If you choose to mail your documents, please send a copy of your documents and retain the originals for your records.

[Empty box for documentation list]

**Additional Explanation of Costs Incurred:**

[Empty box for additional explanation of costs]

Have you made a claim to anyone or any entity for any amount of loss that you are claiming under this form?

Yes  No

If "Yes," please identify the amount of the claim made and the name and contact information (complete address and telephone number) of the person or entity.

[Amount of claim input box]

Name:

[Name input box]

Address:

[Address input box]

[Address input box]

City:

[City input box]

State:

[State input box]

Zip:

[Zip input box]

Telephone Number:

[Telephone Number input box]



PART IV - CLAIM ITEMIZATION (cont.)

Have you been compensated/reimbursed, or do you expect to be compensated/reimbursed, by anyone or any entity for any amount of loss that you are claiming under this form?

Yes  No

If "Yes," please identify the amount of compensation/reimbursement, as well as the name and contact information (complete address and telephone number) of the person or entity.

Name:

[Grid for Name]

Address:

[Grid for Address]

City: [Grid] State: [Grid] Zip: [Grid]

Telephone Number:

[Grid for Telephone Number]

I hereby certify and declare under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge, and that supporting documents attached or submitted in connection with this form and the information contained therein is true, accurate, and complete to the best of my knowledge; and I understand that false statements or claims made may result in fines, imprisonment, and/or any other remedy available by law, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

I further certify and declare that I have an ongoing duty to supplement this proof of claim with supporting documents as additional information is received or becomes available. This includes, but is not limited to, a duty of supplementation to the extent that additional documents or information changes any of the answers or responses contained herein.

Signature

[Signature Line]

Date (mm/dd/yyyy)

[Date Grid]

Print your name here

[Print Name Line]

Please return this **signed** form via one of the following:

Email:	<a href="mailto:PCL.OuterBanks@us.crawco.com">PCL.OuterBanks@us.crawco.com</a>
Toll Free Fax:	(844) 528-4563
Fax:	(614) 553-1477
Mail:	PCL Outer Banks Claim Team c/o GCG P.O. Box 10481 Dublin, OH 43017-4081
Express Mail:	PCL Outer Banks Claim Team c/o GCG 5151 Blazer Pkwy, Suite A Dublin, OH 43017