

GENERAL INFORMATION ON HOW TO FILE A CLAIM

Initial written *notice* of claim must be given to the Company within 20 days after the date of occurrence of any loss covered by the policy, or as soon thereafter as is reasonably possible. Written notice can be submitted by email, fax or mail describing the loss and should be directed to the **Gateway Plan Administrator**.

Written *proof* of loss must be furnished to the Company within 90 days after the date of loss. Use Proof of Loss form on the reverse side to submit a claim.

Complete and sign the form prior to emailing, faxing, or mailing to the Gateway Plan Administrator. **A signed Proof of Loss form is required.** It is important that you provide us with your email address and all other pertinent information.

Claim processing begins when the Company receives **all** the required documentation. Your claim will be assigned to a Claim Adjuster, who will contact you by phone, fax, or email to provide you with a claim number. You will be advised if additional information is required and/or the expected timeframe for settlement.

If your claim involves burglary or theft, immediately report the loss to the police or other local authorities having jurisdiction and obtain a copy of the police report and/or case number assigned, if possible.

It is your obligation to prove the value of your loss by submitting your claim with acceptable supporting documentation. Any one or more of the following documents will meet this requirement:

- Copy of Original Bill of Sale
- Photos
- Cash/Credit Card Receipts
- Manuals
- Booklets
- Appraisals (jewelry, watches, furs, art, etc.)

In the absence of such substantiation, the Company will settle the claim based on the best estimate of the property's value. It is recommended that you keep a copy of all documentation for your records.

FOR CLAIM QUESTIONS OR STATUS, CONTACT:

Gateway Plan Administrator

Email: internationalplans@marshpm.com

Fax: 202-367-5025

Direct: 202-367-5022

Toll-free (in U.S. and Canada): 877-435-7972