



## TRAVEL ASSURANCE FUND CLAIM FORM FOR BC LICENSED TRAVEL AGENTS AND WHOLESALERS

*The Travel Assurance Fund (TAF) only covers the original amount paid for travel services that were not provided and does not cover travel insurance. Travel services that could still be provided by other travel service providers also are not covered (for instance, if an airline fails, hotel or car rentals purchased will not be covered). Claims must be received by our office within six months from the date the loss took place. **ALL CLAIMS MUST PROVIDE SUPPORTING DOCUMENTATION INCLUDING ITINERARY/RECEIPT FOR ORIGINAL TRAVEL SERVICES, PROOF OF PAYMENT, PROOF OF PAYMENT TO SUPPLIER BY TRAVEL AGENT AND RESPONSES FROM OTHER SOURCES OF COMPENSATION.***

### A. CLAIMANT INFORMATION

Claimant name:	License #:	*Claim amount:
Claimant address:	Phone:	Cell:

### B FAILED BUSINESS INFORMATION

Name of failed travel agent (to be completed by wholesaler):	Name of failed supplier or wholesaler (to be completed by travel agent):
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### C. ORIGINAL TRAVEL SERVICE PURCHASED

Description of travel services:		
Departure date:	Return date:	# of travelers:
Names of clients covered by claim:		
Departing from:	Returning to:	
Reason travel services not provided:		

### D. PAYMENT INFORMATION - FOR CLAIM BY BC LICENSED TRVLEL AGENT

Amount paid by client: \$	Method of payment: credit card <input type="checkbox"/> cheque <input type="checkbox"/> cash <input type="checkbox"/>	Date paid:
Payment made:	<input type="checkbox"/> to travel agent <input type="checkbox"/> directly to end supplier	
Method of payment from your travel agency to end supplier: credit card <input type="checkbox"/> cheque <input type="checkbox"/> cash <input type="checkbox"/>		
Amount paid: \$	Date paid:	

### E. PAYMENT INFORMATION - FOR CLAIM BY BC LICENSED WHOLESALER

Amount paid by client to booking travel agent: \$	Method of payment: credit card <input type="checkbox"/> cheque <input type="checkbox"/> cash <input type="checkbox"/>	Date paid:
Method of payment from travel agency to you: credit card <input type="checkbox"/> cheque <input type="checkbox"/> cash <input type="checkbox"/>		
Amount paid: \$	Date paid:	
Reason payment not received:		

### F. COMPENSATION REQUESTED FROM OTHER SOURCES: –

*Under the Travel Industry Regulation, the Director may defer payment until the director is satisfied that the claimant has made reasonable efforts to obtain compensation from other sources including credit card issuers and/or insurance (if applicable). For your claim to be considered, you must provide proof that you have made reasonable efforts to obtain compensation from other available sources **before** applying to the TAF. Please indicate below from which sources you have requested a refund.*

<input type="checkbox"/> credit card	Date requested:	Response:
<input type="checkbox"/> insurance company	Date requested:	Response:
<input type="checkbox"/> bankruptcy trustee	Date requested:	Response:

### G. CONSUMER LOSS PREVENTED

*To be eligible, travel agent must have either suffered a loss as a result of either reimbursing client or providing alternate travel services at their own expense.*

Amount reimbursed: \$	Method of Payment: credit Card <input type="checkbox"/> cheque <input type="checkbox"/> cash <input type="checkbox"/>	Date paid:
<b>OR</b> Services provided: – Provide a brief description of the services provided to the client at no cost to the consumer:		



# Have Fund. Will Travel.

## **RELEASE AND UNDERTAKINGS OF CLAIMANT**

Each person who signs this application, or on whose behalf this application is signed, is referred to below as a "Claimant". The words "it" and "its" as used below apply to each Claimant and are deemed to include the feminine and masculine forms. The loss which gave rise to the claim under this application is referred to the "Claim". The "Fund" refers to the Travel Assurance Fund continued under the BC *Business Practices and Consumer Protection Act*.

By signing this application, the Claimant confirms and agrees that:

- it has not received any money or other thing from another source on account of the Claim;
- if it receives any money or other thing from another source on account of the Claim, it will immediately advise Consumer Protection BC as to the amount of money or the value of the other thing;
- it has not released any person from the Claim or any part of the Claim;
- it will, on request, provide to Consumer Protection BC all records and information in its possession or control in respect of the Claim;
- if the Claimant is an individual, it will, on request, deliver to Consumer Protection BC a statutory declaration, in a form acceptable to Consumer Protection BC, in respect of the statements of fact in this application;
- if the Claimant is a corporation, it will, on request, deliver to Consumer Protection BC a statutory declaration of a senior officer or director of the Claimant, in a form acceptable to Consumer Protection BC, in respect of the statements of fact in this application.

If the Claimant is paid any money from the Fund in respect of the Claim, the Claimant agrees that:

- its receipt of the payment releases Consumer Protection BC and the Fund from all further claims and demands in respect of the Claim;
- if it subsequently receives any money or other thing from another source on account of the Claim, it will pay the money or the value of the other thing to Consumer Protection BC, as trustee of the Fund, up to the amount paid to it from the Fund.

## **ASSIGNMENT OF CLAIM**

In consideration of any money being paid to and accepted by the Claimant from the Fund, the Claimant hereby assigns and transfers to Consumer Protection BC, as trustee of the Fund, all its rights in respect of the Claim.

The Claimant agrees that it will execute such further documents and do such things as may be required to give full effect to this assignment.

## **CLAIMANT'S DECLARATION**

The Claimant declares that:

1. It is the Claimant in the Claim, and this application has been signed by a person who is authorized to do so by the Claimant;
2. It has suffered a loss as a result of either reimbursing a consumer, or providing a travel service at its own expense, for travel services that were not provided;
3. It is applying for compensation from the Fund under the *Travel Industry Regulation*;
4. It confirms that the information contained in this application is true and correct;
5. It has read the *Travel Industry Regulation* and it understands and meets the eligibility criteria for making this application;
6. It acknowledges that any personal information requested in this form is collected and retained under the authority of section 26(c) of the BC *Freedom of Information and Protection of Privacy Act*. This information will be used to determine eligibility for compensation from the Fund.

\_\_\_\_\_  
Signature of Claimant or Authorized Signatory of Claimant

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Date signed

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