

Claimant's Name and Current Address:

Name of the moving company that provided the door to door services:

Address where the shipment was packed

Address where the shipment was delivered

INVENTORY ITEM NO.	ARTICLE DESCRIBE IN DETAIL	NATURE OF DAMAGE	PURCHASE DATE MO./YR.	ORIGINAL COST	REPLACE- MENT COST	AMOUNT CLAIMED	FOR ADJUSTERS USE ONLY

Were goods in storage?.....Dates.....

Name and address of warehouse.....

Was inspection performed?.....If yes, who made inspection?

.....Carrier.....Insurance Co.Survey agent

CLAIMED AMOUNT

LESS DEDUCTIBLE

TOTAL AMOUNT CLAIMED

L

E

The undersigned, signer of the foregoing statement, hereby makes a solemn oath to the truth of the statements contained herein and exhibits attached hereto, and that no material fact is withheld that should be included in this report. This also is to certify that I/we have not received any merchandise claimed short/missing, from any source, to date. Should I/we receive this merchandise, from any source, I/we will promptly notify MarinePack and delete the items from the claim, or if claim has been paid, I/we will return the monies paid. ALL CLAIMS MUST BE SUBMITTED TO FIDELITY&MARINE WITHIN 15 DAYS AFTER DELIVERY.

CLAIMANT'S SIGNATURE.....DATE.....