ELITeXPO

INSURED SHIPMENT CLAIM FORM

ELITeXPO AIRBILL NO.: _____ ELITeXPO AIRBILL DATE: _____
CLAIM NUMBER: _____ CLAIM NOTIFICATION DATE: _____
CLAIM FOR: **Damage/Loss (circle one)**

CLAIMANT NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
CONTACT NAME: _____ PHONE NUMBER: _____

SHIPPED FROM: _____ SHIP DATE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

SHIPPED TO: _____ DELIVERY DATE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

Please complete the below in detail stating how the claim amount is determined. If more room is needed, please use the attached separate sheet. **PLEASE NOTE - There is NO COVERAGE for damage to packaging materials including: crates, cases and/or other types of packaging materials.**

1)	**WGT**		**$**
2)	**WGT**		**$**
3)	**WGT**		**$**
4)	**WGT**		**$**
TOTAL AMOUNT CLAIMED			**$**

TO SUPPORT AND COMPLETE THIS CLAIM, PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Copy of any and/or all original invoices for material claimed lost or damaged. Copy of estimate(s) if original copies cannot be provided. Must include original date of purchase.
2. Clear photos of damaged materials.
3. Complete packing list and value of each piece for the ***entire*** shipment.
4. Quote for repair and/or replacement. A breakdown of the quote must accompany if it is for several items. *See Attached*
5. Original containers and packing materials must be held until this claim is complete. All claims are subject to inspection at carriers choice.
6. Your claim will not be completed until all carrier charges are paid in full. Failure to pay carrier invoices and/or hold invoices against a pending claim is prohibited by law and will be pursued legally.

BY SIGNING BELOW I ACKNOWLEDGE THE ABOVE INFORMATION IS TRUE AND CORRECT:

X _____
Signature of Claimant Date

ALL CLAIMS, EXCEPT FOR OVERCHARGES, MUST BE MADE AND NOTIFIED IN WRITING WITHIN 30 DAYS AFTER THE DELIVERY OF SHIPMENT. ALL DOCUMENTATION REQUIRED TO SUPPORT A CLAIM MUST BE RECEIVED BY ECS WITHIN 90 DAYS AFTER WRITTEN NOTIFICATION OF CLAIM.

MAKE A COPY OF THIS COMPLETED FORM FOR YOUR FILES AND RETURN THE ORIGINAL TO:

ELITeXPO Cargo Systems, inc.
Attention: Claims Department
PO Box 637
South Elgin, IL 60177