ELITeXPO

NON INSURED CLAIM FORM

ELITeXPO AIRBILL # : _____ 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. Quote for repair and/or replacement.
2. Clear photos of damaged materials.
3. Original containers and packing materials must be held until this claim is complete. All claims are subject to inspection at carriers choice.
4. 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