

Coffee Movers, Inc 7561 Jacks Lane Clayton, OH 45315
Call toll free 1/800/294/2923 or 937/836/4348

PRESENTATION OF LOSS/DAMAGE CLAIM

Please read the instructions before preparing and mailing it to coffee movers, Inc, It is important that the claim form be filled out completely and the necessary documents submitted at the same time.

Name: _____ E-mail / Fax# _____
 Address _____ Home Ph # _____
 _____ Work Ph# _____
 _____ date picked: _____

Moved from: _____ date of delivery: _____

Were items in storage: _____ dates: _____
 Name and address of warehouse _____
 Were these items insured under any other policy or insurance coverage _____
 Packed by _____ Unpacked by _____
 Was Inspection performed? Yes No @ delivery or damage discovered, date: _____

Inv No#	Description of Item	Nature of damage	Item age	Serial # or Product #	Original cost	Cash value	Amount claimed

SURVEYS MAY BE REQUIRED IF DAMAGES EXCEED U.S. \$1000.00 Total Amount Claimed \$ _____
 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 Coffee Movers 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 Coffee Movers WITHIN 60 DAYS.

Coffee Movers, Inc *7561 Jacks Lane Clayton, OH 45315 date: _____
 937/836/4348* www.coffeemovers.com
 Claimant Signature: _____

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Instructions for Preparation of Loss/Damage Claim Form

1. No claim will be considered properly presented until the company has received the completed form, signed by the claimant, and accompanied by the required documents and indicating a demand for a specific amount of money. **ALL CLAIMS MUST BE SUBMITTED TO Coffee Movers Inc WITHIN 60 DAYS OF DELIVERY.** Incomplete claim forms will not be processed and will be returned for completion.

2. Note the following "Details of Claim" section of form:

a. **Inventory Number:** Whenever possible, indicate the corresponding "number" shown on the inventory. On packed items, indicate the container number.

b. **Description of Item:** Describe each item for which claim is being made. If claiming for missing items, the contents of the containers must be identified as accurately as possible and whom packed by carrier or claimant.

c. **Nature of Claim:** Indicate type, severity, and location of damage on each article.

d. **Item Age, serial# or product#, Original Cost, cash value:** Please complete entries in these columns as accurately as possible.

e. **Amount Claimed:** If the claim is for damage, enter only the cost of repairing the item. If the claim is for loss, enter the replacement cost of the missing item or the amount stated on the valued inventory. The Underwriter reserves the right to require proof of ownership and/or value of any item claimed damaged or missing.

f. **Salvage:** If the Underwriters replace, make a total loss payment, or pay the insured amount as shown on the valued inventory for a damaged article, they, at their option, have the right to salvage the damaged article. The Underwriters also reserve the right to inspect and verify the claimed damages on any item.

3. On claims for damages to household goods items, WE REQUIRE BOTH PICTURES AND REPAIR ESTIMATES. Repair estimates should be made by an appliance/furniture repair firm, or marine surveyor, on their letterhead. Attach to claim form. Appraisal fees are not covered by this insurance contract. **DO NOT PROCEED WITH REPAIRS WITHOUT WRITTEN AUTHORIZATION FROM COFFEE MOVERS, INC.**

4. Attach copy of mover's inventory and bill of lading, and assureds' copy of insurance certificate, and other documents to support the claim.

5. If the damage exceeds US\$1,000.00, a survey MAY be required.

6. We suggest that you send your claim form by registered mail so you will have proof that the 60 day time limitation requirement has been met. Claim forms can be faxed directly to the office at 937/832/4513.

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