	<b>Executiv</b> 30 Windsorme (407) 366-27; e-mail: custor	<b>Executive Insurance Services</b> 30 Windsormere Way, Suite 200 • Oviedo, FL 32765 (407) 366-2774 • Fax (407) 366-4604 e-mail: customerservice@execinsurance.net	vices, FL 32765	Inc.	<b>CLAIM FOR</b> (See reverse *ATTACH AI	<b>CLAIM FORM for CERTIFICATE #</b> (See reverse side for full instructions) *ATTACH ADDITIONAL PAGES IF NEEDED	# ions) IF NEEDED	
NAME OF INSURED/	ED/	PHO	PHONE#		FAX#		EMAIL	
MAILING ADDRESS	RESS	PICKU	PICKUP DATE		D	DELIVERY DATE		
		PICKUP ADDRESS	S					
DELIVERY ADDRESS	DRESS	WERE	WERE GOODS STORED?			LOCATION		
date into storage		DATE OUT OF STORAGE	PACKED BY			UNPACKED BY		
CARRIER NAM	CARRIER NAME AND REFERENCE #			VALUE	alue of entire shipment \$	HIPMENT \$		
PROVIDE NAME	PROVIDE NAME AND POLICY # OF OTHER INSURANCE				PREFERRED	PREFERRED WAY TO CONTACT YOU		
Inventory #	ltem Description (Full Details)	Damage / Missing (Full Details)	Purchase Date	Original Cost	Cost To Replace	Claimed Amount (Specify Currency)	FOR ADJUSTER USE	R USE Code
l am the owner of the withheld. Further, I g	property described above and I hereby make a varantee I will promptly notify Executive Insural	I am the owner of the property described above and I hereby make a solemn oath to the truth of the information contained herein and attached hereto. I certify that this submission constitutes my entire claim under this Certificate. No material information has been withheld. Further, I guarantee I will promptly notify Executive Insurance Services, Inc., if any of the missing items are received so they might be deleted from this claim, or if the claim has been paid, I will return the money paid therefore.	l herein and attached here red so they might be delet	to. I certify that this ed from this claim, c	submission constitu or if the claim has be	tes my entire claim under this Cer en paid, I will return the money p	tificate. No material informu aid therefore.	ation has been
Thereby assign and tr Services, Inc., any do	ansfer to Executive Insurance Services, Inc., all cla .uments and information as may concern this cla	I hereby assign and transfer to Executive Insurance Services, Inc., all claims and recoveries arising out of the shipment of my property insured under this Certificate. Further, I authorize any company involved in the movement of my property to release to Executive Insurance Services, Inc., any documents and information as may concern this claim.	operty insured under this C	ertificate. Further, l	authorize any compc	any involved in the movement of m	iy property to release to Exec	utive Insurance

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SIGNATURE OF INSURED/CLAIMANT

EIS7 (front) 03/07

## **INSTRUCTIONS FOR PREPARATION LOSS/DAMAGE CLAIM**

The following suggestions are intended to assist in properly completing the Claim Form:

- No claim will be considered properly presented until the company has received the completed claim, signed and dated by the claimant, indicating a demand for a specific amount of money and accompanied by the required documents. PLEASE NOTE IT IS IMPERATIVE ALL SECTIONS PRINTED IN BOLD ON THE CLAIM FORM BE COMPLETED IN FULL. THE OTHER SECTIONS OF THE FORM SHOULD BE COMPLETED ONLY IF THEY PERTAIN TO YOU. Incomplete claim forms will be returned thus delaying the settlement of the claim.
- 2. You must promptly notify Executive Insurance Services, Inc., in writing of your intent to file a claim. This notice of intent must be received within 45 days of the date of delivery to your destination residence (if a direct delivery) or within 45 days of the date your shipment was delivered from storage for which an extension was requested and the appropriate premium was paid. FAILURE TO COMPLY MAY PRECLUDE CLAIM SETTLEMENT.
- 3. Your written claim must be received by Executive Insurance Services, Inc., within 90 days of the date that the Notice Of Intent to File was submitted. FAILURE TO COMPLY MAY PRECLUDE CLAIM SETTLEMENT.
- 4. It is essential that all information on the Claim Form be completed in as much detail as possible. Special attention should be given to the following:
  - a. **Inventory Number**: Indicate the corresponding number as noted on the shipping inventory prepared by the moving company at origin. This is imperative for missing items.
  - b. **Item Description**: Describe each item in as much detail as possible providing manufacturer, model numbers, pattern information, etc.
  - c. **Describe Damage**: Indicate the nature, extent, severity and location of the damage in as much detail as possible. Photographs are always welcome, either via postal mail or e-mail, allowing us to actually view the damage.
  - d. Purchase Price, Date and Replacement Cost: Provide whatever details you have on these categories.
  - e. Amount Claimed: Enter the exact amount you are claiming for the item and specify the currency.
  - f. Foreign Currency: Foreign currency will be converted into U.S. dollars for payment of the claim.
- 5. Repair estimates are necessary for all items claimed damaged. These must be written, dated and on letterhead of the repair company, if at all possible. Describe the item and provide a detailed description of the damage and the cost to repair each item. This applies to electronics and appliances in addition to furniture. Incidental items such as tax, pickup and delivery charges are reimbursable only upon submission of a paid receipt substantiating the charge was actually incurred.
- 6. A Survey Inspection Report is only authorized when a claim for DAMAGES is estimated to exceed \$1500.00 (U.S.). Surveys are NOT authorized on claims consisting only of missing items or for damage claims under U.S. \$1500.00. If you feel a survey is necessary, please contact Executive Insurance Services, Inc., directly for assistance.
- 7. The following documents are necessary to support a claim:
  - Signed Claim Form
  - Origin movers descriptive inventory
  - Valued Inventory (if applicable and available)
  - Ocean Bill of Lading and/or Air Way Bill (if available)
  - Signed delivery documents (if available)
  - Survey Report (if applicable for damages over \$1500.00 (U.S.).
  - Written Repair Estimates.

## Special Notes:

- A. Only fully supported substantiated claims can be honored and processed. It is the claimant's responsibility to provide all required documents necessary to support the claim.
- B. DO NOT DELAY your claim submission pending receipt of any of the supporting documents. If all are not immediately available, they can be submitted when received. IT IS IMPORTANT YOU NOT MISS EITHER THE NOTIFICATION OR FILING DEADLINES.
- C. All information should be submitted to Executive Insurance Services, Inc., 30 Windsormere Way, Suite 200, Oviedo, FL 32765
- D. All claims must be filed and submitted in English.
- E. Do not discard or dispose of any items without written authorization from Executive Insurance Services, Inc.
- F. Be certain your mailing address is correct. Your check will be mailed to the address noted on the claim form.
- G. If you have an emergency situation, have questions or encounter problems, contact Executive Insurance Services, Inc., immediately for assistance. Phone 407-366-2774, Fax 407-366-4604 or <u>Email</u> <u>customerservice@execinsurance.net</u>