



# Executive Insurance Services, Inc.

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## CLAIM FORM for CERTIFICATE #

(See reverse side for full instructions)

\*ATTACH ADDITIONAL PAGES IF NEEDED

NAME OF INSURED/  
**CLAIMANT** \_\_\_\_\_ **PHONE#** \_\_\_\_\_ **FAX#** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_ **PICKUP DATE** \_\_\_\_\_ **DELIVERY DATE** \_\_\_\_\_  
\_\_\_\_\_ **PICKUP ADDRESS** \_\_\_\_\_

**DELIVERY ADDRESS** \_\_\_\_\_ **WERE GOODS STORED?** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**DATE INTO STORAGE** \_\_\_\_\_ **DATE OUT OF STORAGE** \_\_\_\_\_ **PACKED BY** \_\_\_\_\_ **UNPACKED BY** \_\_\_\_\_

**CARRIER NAME AND REFERENCE #** \_\_\_\_\_ **VALUE OF ENTIRE SHIPMENT \$** \_\_\_\_\_

**PROVIDE NAME AND POLICY # OF OTHER INSURANCE** \_\_\_\_\_ **PREFERRED WAY TO CONTACT YOU** \_\_\_\_\_

Inventory #	Item Description (Full Details)	Damage / Missing (Full Details)	Purchase Date	Original Cost	Cost To Replace	Claimed Amount (Specify Currency)	FOR ADJUSTER USE	
							A/P	Code

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.

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.

SIGNATURE OF INSURED/CLAIMANT \_\_\_\_\_ DATE: \_\_\_\_\_