Executive Insurance Services, Inc.
30 Windsormere Way, Suite 200 • Oviedo, FL 32765
(407) 366-2774 • Fax (407) 366-4604
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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: _____