

Standard Form for Presentation of Loss and Damage Claims

Network F.O.B., Inc.
 Attn: Claims Department
 2980 Commers Drive, Suite 850
 Eagan, MN 55121

 Your Company Name

 Your Address

 City, ST Zip

This claim for \$ _____ is made against the carrier name above by _____
 (Amount of claim) (Name of Claimant)
 for Loss or Damage (circle one) in connection with the following described shipments:

Description of shipment _____

Name and address of consignor (shipper) _____

Origin _____ Destination _____

Bill of Lading Number _____ Network FOB Invoice Number _____

Name and address of consignee (whom shipped to) _____

If shipment re-consigned en route, state particulars: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED.

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

**IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS
 ARE SUBMITTED IN SUPPORT OF THE CLAIM.**

- () 1. Original bill of lading, if not previously surrendered to carrier.
- () 2. Original paid freight (expense) bill.
- () 3. Original invoice or certified copy.
- 4. Other particulars obtainable in proof of loss or damage claimed.

 Remarks:

The foregoing statement of facts is hereby certified to as correct:

 (Signature of Claimant) (Date)