STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

TO: COLORADO-DENVER DELIVERY
P.O. BOX 17569
DENVER, CO 80217

_____ (Date)
_____ (Claimant's Number)
_____ (Carrier's Number)

This claim for $_____ is made against your company for _____ Damage / _____ Loss in connection with the following described shipment:

_____ (Shipper's Name)	_____ (Consignee's Name)
_____ (Point Shipped From)	_____ (Final Destination)
_____ (Name of Carrier Issuing Bill of Lading)	_____ (Name of Delivering Carrier)
_____ (Date of Bill of Lading)	_____ (Date of Delivery)
_____ (Routing of Shipment)	_____ (Delivering Carrier's Freight Bill Number)

If shipment reconsigned 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.)
ALL DISCOUNT and ALLOWANCES MUST BE SHOWN

_____
_____
_____
_____
_____
_____

NMFC Item No. of commodity lost or damaged _____. Total Amount Claimed $_____

The following documents are submitted in support of this claim:

____ Original Bill of Lading
____ Original paid freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill.
____ Carrier's Inspection Report Form (Concealed loss or damage).
____ Consignee's concealed loss or damage form.
____ Original invoice or certified copy
____ Shipper's concealed loss or damage form
____ Other particluars obtainable in proo of loss or damage claimed: (list below)

_____

_____

(Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimants to produce original bill of lading, or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original documents.)

INDEMNITY AGREEMENT

In the absence of the Original Freight Bill and/or Original Bill of Lading, we agree to hold the above named carrier to whom this claim is presented and any other participating carrier, harmless and indemnified against any and all lawful claims which may be made against it or them arising out of the same shipment and will pay to the said carrier and any participating carrier(s), all losses, damages, costs, counsel fees or any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without the surrender of the Original Freight Bill or Bill of Lading, as such was not provided and/or cannot be located.

The foregoing statements of facts are hereby certified as correct.

_____ Date
_____ Claimant's Name and Title (Please Print)
_____ Signature

Company Name _____ Address _____

_____

Colorado-Denver Delivery, Inc. considers your faxed signature to be legally binding.