

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

TO: W&A Distribution Service, Inc
 PO Box 309
 Fort Atkinson, WI 53538

Date: _____
 Claimants # _____
 Carrier Claim# _____

THIS CLAIM FOR \$ _____ IS MADE AGAINST YOUR COMPANY FOR DAMAGE/LOSS
 IN REGARDS TO THE FOLLOWING SHIPMENT:

Shipper Name:	Consignee Name:
Point Shipped From:	Final Destination:
Carrier Issuing Bill of Lading:	Name of Delivering Carrier:
Date of Bill of Lading:	Date of Delivery:
Routing of Shipment: PREPAID / COLLECT	Delivering Carrier's Freight Bill #:

DETAILED STATEMENT SHOWING HOW AMOUNT IS DETERMINED
 (NUMBER AND DESCRIPTION OF ARTICLES, NATURE AND EXTENT OF LOSS/DAMAGE,
 INVOICE PRICE OF ARTICLES, AMOUNT OF CLAIM, ETC. ALL DISCOUNT AND
 ALLOWANCE MUST BE SHOWN.)

NMFC ITEM NO. OF COMMODITY LOST/DAMAGE _____ TOTAL AMOUNT CLAIMED _____

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

- | | |
|------------------------------------------------------------------------|------------------------------------------|
| _____ ORIGINAL BILL OF LADING | _____ ORIGINAL INVOICE OR CERTIFIED COPY |
| _____ ORIGINAL PAID FREIGHT BILL | _____ COPY OF DELIVERY RECEIPT BEARING |
| _____ CARRIERS INSPECTION REPORT FORM
(IN CASE OF CONCEALED DAMAGE) | _____ NOTATION OF LOSS/DAMAGE |
| _____ OTHER PARTICULARS OBTAINABLE IN PROOF OF LOSS/DAMAGE _____ | |

(NOTE: THE ABSENCE OF ANY DOCUMENT CALLED FOR IN CONNECTION WITH THIS CLAIM MUST BE EXPLAINED.
 WHEN IMPOSSIBLE FOR CALIMANTES 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 PARTICIPATION 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 TO LADING, AS SUCH WAS NOT PROVIDED AND/OR CANNOT BE LOCATED.

THE FOREGOING STATEMENTS OF FACTS IS HEREBY CERTIFIED AS CORRECT:

DATE _____ CLAIMANT'S NAME _____ SIGNATURE _____

COMPANY & ADDRESS _____ TITLE _____