

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS



HOGLAND TRANSFER COMPANY, INC. 8605 HARDESON RD - SUITE 101 - EVERETT, WASHINGTON 98203 EVERETT (425)407.1011 - SEATTLE (206.624.3000 - FAX (206)624.3297 WASHINGTON TOLL FREE 1-800-562-0413

Form with fields: NAME OF PERSON TO WHOM CLAIM IS PRESENTED, NAME OF CARRIER, NAME AND ADDRESS OF CLAIMANT, ADDRESS, CITY, STATE, ZIP.

Form with fields: DATE, CLAIMANT'S NUMBER, CARRIER'S NUMBER.

THIS CLAIM FOR \$ IS MADE AGAINST THE CARRIER NAMED ABOVE BY FOR LOSS DAMAGE IN CONNECTION WITH THE FOLLOWING DESCRIBED SHIPMENTS OF PAID FREIGHT BILL (PRO) NUMBER

Form with fields: NAME AND ADDRESS OF CONSIGNOR (SHIPPER), FINAL DESTINATION - NAME AND ADDRESS OF CONSIGNEE (WHOM SHIPPED TO), SHIPPED FROM CITY,TOWN STATE, CARRIER ISSUING B/L, SHIPPED TO CITY,TOWN STATE, DATE OF B/L, DATE OF DELIVERY, IF SHIPMENT RECONSIGNED ENROUTE, 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.) SHOW ALL DISCOUNTS AND ALLOWANCES

Table with multiple rows for listing items and a final row labeled 'TOTAL DOLLAR AMOUNT CLAIMED'.

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS 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. CONCEALED LOSS OR DAMAGE FORM
5. OTHER PARTICULARS OBTAINABLE IN PROOF OF LOSS OR DAMAGE CLAIMED:

EXPLAIN THE ABSENCE OF ANY DOCUMENT CALLED FOR IN THIS CLAIM.

WHEN FOR ANY REASON, THE ORIGINAL PAID FREIGHT BILL OR BILL OF LADING IS NOT PROVIDED, CLAIMANT MUST INDEMNIFY CARRIER OR CARRIERS AGAINST DUPLICATE CLAIMS SUPPORTED BY ORIGINAL DOCUMENTS.

INDEMNITY AGREEMENT

WHEN THE ORIGINAL BILL OF LADING AND/OR FREIGHT BILL IS NOT SUBMITTED, OR IS NOT AVAILABLE FOR SUBMISSION, BUT COPIES OF THE ORIGINAL ARE SUBMITTED IN SUPPORT OF THE CLAIM DESCRIBED ABOVE, THE CLAIMANT AGREES TO INDEMNIFY AND HOLD HARMLESS THE CARRIER RECEIVING THIS CLAIM, NAMED ABOVE, AND ANY PARTICIPATING CARRIERS, AND WILL PAY TO THE CARRIER OR ANY PARTICIPATING CARRIER ALL LOSSES, COSTS, DAMAGES, COUNSEL FEES OR ANY OTHER EXPENSES IT (THE CARRIER) MAY INCUR RESULTING FROM ALL LAWFUL SUBSEQUENT DUPLICATE CLAIMS ARISING OUT OF THE SAME SHIPMENT WHICH MAY BE FILED AND SUPPORTED BY THE ORIGINAL DOCUMENTS.

FOREGOING STATEMENT OF FACT IS HEREBY CERTIFIED AS CORRECT.

Form with fields: DATE, SIGNATURE OF CLAIMANT, NAME OF CLAIMANT, STREET ADDRESS, CITY, STATE, ZIP CODE.