

Hercules Forwarding Inc
 7701 W 95th St.
 Hickory Hills IL 60457
 Phone 708-237-0800
 Fax 708-433-9004



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|-------------------------|
| Claimant (Company Name) |
| Address |
| City, State, Zip |
| Contact name |
| Phone # |

Standard Form for Presentation of Loss and Damage Claims

| | | |
|---|---------------------------|-------------------------------------|
| Our pro number. _____ It will need to be paid before we open your claim. | Your reference or claim # | Our claim # (for internal use only) |
|---|---------------------------|-------------------------------------|

| | | |
|--|------------------|--------------------|
| Carrier pro _____ If different from Hercules pro. | Date of shipment | Total claim amount |
|--|------------------|--------------------|

Shipper

Consignee

| | |
|---|---|
| Name | Name |
| Address | Address |
| City, State or Province, Zip or Postal Code | City, State or Province, Zip or Postal Code |

DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT 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

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Other backup I am providing in support of my 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.

- ◇ Bill of Lading *
- ◇ Paid freight bill
- ◇ Original invoice or certified copy *
- ◇ Concealed loss or damage form

| | | |
|------|------|-----------|
| Name | Date | Signature |
|------|------|-----------|

◇ _____
 * Indicates a required document

Fax or mail all this this info to our Claims Department at the numbers above.