

# INSURANCE CLAIM FORM



**ResFridge Etc., LLC d.b.a. University Trucking**

Please fill out the following form in its entirety in order for the claim to be processed as quickly as possible.

Personal Information- To be completed by Customer		
1) Name (Last, First)	2) Email used for login	
3) Address	4) Work Phone	Work Fax
	Home Phone	Home Fax
5) Preferred Contact Method (email or phone)	6) Preferred Time to Contact	

Proof of Loss Statement- To Be Completed by the Customer		
7) Date item discovered damaged:	8) Item Value with Depreciation & Amortization:	9) Estimated cost to fix item:
10) Was the item damaged during Storage or Shipping (circle one):		
UPS	Storage	Senior Shipping
East Coast Shipping		
11) Describe in detail the damage that has occurred to the item		

For all claims it is imperative to provide pictures of the damaged items, including the packing materials and box used for transit. Claims filed for shipping items without said pictures will not be evaluated, and the claim will consequently be denied.

All claims must be submitted within 7 days of item delivery and are subject to review in accordance with our insurance provisions agreed upon at pick-up of said items (see [www.utrucking.com](http://www.utrucking.com) for details).

For the purpose of evaluating this claim, I, the undersigned customer, authorize the inspection and assessment of any damaged item which has been claimed. Furthermore, I understand that any person who knowingly and with intent to defraud any insurance company, files a statement of claim containing any false, incomplete or misleading information may be guilty of a criminal act punishable by law.

I have read and understand the foregoing and warrant that the answers to all the questions on this form are true and complete according to my best knowledge and belief.

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Print Name of **Customer**

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Signature of **Customer**

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Date

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