

Claim Presentation/Representing Form

Attn: Claims Department

Date of Loss:

Type of Loss:

BOL:

PRO:

Carrier:

Location of Goods:

Contact Name and Number:

Please accept this communication as a formal claim presentation for Simplicity Logistics, LLC ("broker"), to represent _____ ("shipper") for the above-captioned loss and/or damage, for which we are holding you ("carrier") fully responsible for. Upon request, additional documents will be furnished substantiating this claim.

Recitals

- A. Broker is licensed as a property broker by the Federal Motor Carrier Safety Administration (FMCSA) or by appropriate State agencies, and as a licensed broker, ARRANGES for freight transportation.
- B. Shipper(customer), to satisfy some of it's transportation needs, desires to utilize the services of BROKER to arrange for transportation of SHIPPER's freight.
- C. Carrier, is the person and/or company that Transports freight for shipper.

Signature x _____

Date x _____