FREIGHT CLAIM FORM

Tatonduk Outfitters Ltd. **dba Everts Air Alaska** **dba Everts Air Cargo**	Claimant's Name		Air Waybill Number
	Address		Air Waybill Date
	City	State / Zip Code	Claimant's Telephone Number

Shipper's Name	Consignee's Name
Address	Address
City / State / Zip Code	City / State / Zip Code

PCS.	Weight	Reason for Claim	Claim Amount

Description of Commodity	Describe Outer Container (Cardboard, Wood, Metal) Describe Type of Inner Packaging
Describe Markings and Labels on Outer Container (FRAGILE, THIS END UP, FROZEN)	What condition was shipment received?
Date Shipment Received: / Did Consignee Pick Up? / Delivered?	Was any damage noticed at time of delivery and before unpacking?
Were damaged/spoiled items and packaging inspected by a Tatonduk Agent?	Did Consignee note an "exception" on the delivery copy of the air waybill?
Date of Initial Notification / Name of the Person Filing Notice	Station/City where original notification was given:

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.)

Please type or print clearly. Attach a separate sheet if necessary.

In support of this claim, plase attach:

A. Copy of Tatonduk/Everts Air Cargo Air Waybill
B. Original or Certified Copy of your invoice
C. Repair Bill (for damaged shipment)

I hereby certify that the foregoing is correct to the best of my knowledge and belief.

Print Name Date

Claimant's Signature

Fax Claim to:
(907) 243-7333