



## Overview

This form is to assist Norsac, LLC. (APO Box) file claims with our insurance provider for packages insured at the time of processing. Proper completion of this form and inclusion of all requested information will help APO Box's insurance provider to properly adjudicate and process your claim in a timely fashion. Each package for which you are filing a claim requires a separate form, so please print or make as many copies of this form as needed. You CANNOT file for multiple packages on a single Insurance Claim Form. The insurance provider treats each package as an individual shipment, and all insurance claims must adhere to this practice. This ensures that if there is an administrative problem with one claim, the others can be processed without delay. Your claim may be subject to challenge for proof of damage or loss. When filing a claim, you should save actual shipping boxes and packing material and be prepared to provide them along with the damaged article(s) so that our insurance provider can determine if the article(s) is(are) to be repaired, replaced or deemed a loss.

## Instructions

1. For a claim to be honored, APO Box **must receive the completed claim form and other items no later than 90 days** from the APO Box shipment date. Claims received after the 90-day mark will not be honored. In case of lost in shipment claims:
  - a. For packages mailed out as Priority Mail -- Do not submit this claim form any earlier than 45 days from the APO Box shipping date, found on the e-mail shipping notification sent to you at time we processed your package.
  - b. For packages mailed out as Parcel Select-- Do not submit this claim form any earlier than 60 days from the APO Box shipping date, found on the e-mail shipping notification sent to you at time we processed your package.
2. We will also accept completed, signed and scanned then emailed submitted **no later than 90 days** from the APO Box shipment date. You can email the scanned form to [admin@APOBox.com](mailto:admin@APOBox.com). You may also mail the completed form and supporting documents to APO Box, Attn: Claims, 1911 Western Ave, Plymouth, IN 46563.
3. Provide a copy of your original purchase invoice/receipt depicting the order number, shipping destination, item description and cost with a contact address and phone number of the original shipper. NOTE: If you cannot produce an invoice/receipt, then provide a written/printed statement from shipper to include an order number, item description and the item's value or cost with a contact name, address, and phone number.
4. Provide a copy of the vendor's or shipper's notice of shipment paperwork that shows enough information found in Step 3 to link the contents of the package APO Box forwarded with a shipping carrier and associated tracking number. NOTE: If you cannot produce a tracking receipt, then provide a written/printed statement from shipper to include shipping carrier, a tracking number, item description and the item's value or cost with a contact name, address, and phone number.
5. Provide a copy of the APO Box shipping notification email for the package for which you are filing a claim. This is required as it proves that insurance charges were paid. If you no longer have this email, please indicate so on the claim form and APO Box will provide a duplicate.
6. The claim form must be completed, signed and dated as indicated.
7. All claims that are greater than \$150 must include a notarized signature.

Note: Claim submissions missing any required information will be returned and the claim not processed, pending receipt of all the needed forms and information. If the 90-day submission deadline is missed the claim will be denied.



**APO Box Insurance Claim Form**

Send Claims to:  
APO Box  
ATTN: Claims Processing  
1911 Western Avenue  
Plymouth, IN 46563

**Contact Information**

Personal/Account Information	Vendor/Shipper Information
Insured's Name	Vendor/Shipper's Name
Insured's Email	Order Number
APO Box Customer ID	Vendor/Shipper's Email
Destination APO/FPO Address	Vendor/Shipper's Mailing Address
Contact Phone Number	Contact Phone Number

**Package Information**

Item Description	Description of Loss/Damage
Claim Amount	APO Box Shipping Date
Loss    Damage    (circle one)	Missing APO Box notification email? Yes    No

I, the undersigned and claimant, do hereby certify that the information provided on these forms and all information included with this claim submission is accurate and truthful in all respects. Further more, I certify that in the event of loss I have not received the package or item(s) claimed for reimbursement through any means. In the case of damage, I certify that I am claiming only the amount necessary to effect repairs, or in the case that an item is uneconomical to repair, its replacement cost.

\_\_\_\_\_  
Claimant's Signature and Date

\_\_\_\_\_  
Notary's Name and Title (claims over \$150)