



## APO Box Insurance Claim Form Instructions

### Overview

This form is used to assist Norsac, LLC dba 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 to properly adjudicate and process your claim in a timely fashion.

Each package for which you are filing claim requires a separate form, so please make as many copies of this form as needed. You CANNOT file for multiple packages on a single claim form. The insurance provider treats each package as an individual shipment, and all 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 to be prepared to provide photos of them along with the damaged item(s) so that our insurance provider can determine if the item(s) can be repaired, replaced, or deemed a loss.

### Instructions

1. For a claim to be honored, APO Box **must receive the completed claim form and supporting documentation no later than 90 days** from the APO Box shipment date. Claims received after the 90 day point will not be honored. In the case of lost in transit claims:
  - a. For packages mailed using Priority Mail – Do not submit this claim form any earlier than 45 days from the APO Box shipping date.
  - b. For packages mailed out as Parcel Select/Parcel Post – Do not submit this claim form any earlier than 60 days from the APO Box shipping date.
2. We will also accept the completed form and supporting documents **no later than 90 days** from the APO Box shipping date via email. You may send to [admin@apobox.com](mailto:admin@apobox.com) or mail to:

APO Box  
Attn: Claims  
1911 Western Ave  
Plymouth IN 46563

3. Provide a copy of your original purchase invoice depicting the order number, shipping address, item description and amount paid with a contact address and/or phone number of the original sender. NOTE: If you cannot produce an invoice, then provide a written/printed statement from the original sender to include the information listed in this step.
4. Provide a copy of the original sender's shipping information showing the carrier and tracking number used to ship this to the APO Box facility on your behalf. NOTE: If you cannot produce a tracking receipt, then provide a written/printed statement from the original sender to include shipping carrier, tracking number, item description, and the item's value.
5. The claim form must be completed, signed and dated as indicated.
6. All claims that are greater than \$200 must include a notarized signature. If you are not able to obtain a notary, please request a waiver of that requirement when submitting the documents. This will be reviewed on a case by case basis and granted if approved.

NOTE: Claim submissions missing any required information will be returned and the claim not processed, pending receipt of the necessary forms and supporting documentation. If the 90 day submission deadline is missed, the claim will be denied.



## APO Box Claim Form

Send Claims to:

APO Box

Attn: Claims

1911 Western Ave

Plymouth IN 46563

Email: [admin@apobox.com](mailto:admin@apobox.com)

Customer Name: \_\_\_\_\_

Customer Email: \_\_\_\_\_

APO Box Attn Code: \_\_\_\_\_

Customer Shipping Address: \_\_\_\_\_

APO Box Order Number: \_\_\_\_\_

APO Box Shipping Date: \_\_\_\_\_

Original Sender's Name: \_\_\_\_\_

Original Sender's Tracking Number: \_\_\_\_\_

Item Description: \_\_\_\_\_

Claim Type:     Lost In Transit                       Damaged                       Other

Claim Amount: \_\_\_\_\_

Notes for Claims Team (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer's Signature: \_\_\_\_\_

Date of Claim: \_\_\_\_\_

Notary Name & Title: \_\_\_\_\_

Date of Notary: \_\_\_\_\_

Notary Seal:

