



EASY CLAIM® TRANSIT DAMAGE FORM

800-443-7617
easy.claim@versoco.com

CONTACT INFORMATION:

Company Name: State:
Contact Name: Postal Code:
Address 1: Phone Number:
Address 2: Fax Number:
City: Email:
Country:

ORDER INFORMATION:

Mill/Sales Order Number: B/L Number:
Car/Trailer Number: Customer Claim Number:
Signed Delivery Receipt: Yes No Date RR Notified:
Required for Motor Carrier(s): Yes No Waived By:

PRODUCT INFORMATION:

# of Units	Damaged Weight	Roll/Skid Number	Product Description	Price	Amount
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Total Claim Amount:

EASY CLAIM® TRANSIT DAMAGE FORM

DAMAGE TYPE:

At least one box must be checked.

WATER DAMAGE - VISIBLE	LOSS/SHORTAGE	COLLAPSED UNITS
WATER DAMAGE - CONCEALED	ACCIDENT/DERAILMENT	SHIFTED PRODUCT
CRUSHED CORES - VISIBLE	GOUGE	FIRE
CRUSHED CORES - CONCEALED	FOREIGN OBJECT/SUBSTANCE	ROLL CHAFING
EDGE DAMAGE/TORN EDGES	OTHER	

DOCUMENTATION SENT:

Check all documents sent.

SIGNED DELIVERY RECEIPT/BILL OF LADING	INVOICES
PICTURES/DIAGRAMS	SHIPPING TALLY/MANIFEST

DAMAGED PRODUCT STATUS:

At least one box must be checked.

RELEASED TO CARRIER	REPAIRED/STRIP WASTE
HOLD FOR CARRIER PICKUP	SOLD/SALVAGED ALLOWANCE GIVEN

LOCATION OF DAMAGE:

<u>On Product</u>	<u>In Trailer</u>	<u>In Rail Car</u>
TOP	NOSE	A END
BOTTOM	MIDDLE	DOORWAY
SIDES	DOORS	B END

CONDITION OF LOAD:

CONDITION OF DUNNAGE:	INFLATED	DEFLATED	BURST		
BLOCKING/BRACING:	INTACT	BROKEN			
CONDITION OF EQUIPMENT:	PROTRUDING OBJECT	DIRTY	DOOR/WALLS BULGED		
HOLES IN VEHICLE:	NOSE	CEILING	WALLS	FLOOR	AROUND DOOR SEALS

ASSIGNMENT OF CLAIM:

COMPANY NAME:

TITLE HOLDER AND ASSIGNOR:

Hereby gives over and assigns to Verso Corporation (herein after called the "assignee"), all rights, titles, and interests which have or may have in any claim against the transportation companies for the recovery of money or for other redress on account of loss of or damage to the shipment or shipments described above. Said assignor does hereby give unto the said assignee full and complete authority to settle assignor's claim, and to receive payment in settlement of the aforesaid claim.

NOTE:

If this is a truck or piggyback shipment, please note damages and have the driver sign the delivery receipt. Rail shipments require notification of damages.

CLAIM DOCUMENTATION:

To submit your claim information, email this form directly to easy.claim@versoco.com. Please include a completed copy of this form with all submitted evidence. If you have any questions, please call 800-443-7617.