

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**DEMAND ON CARRIER/CONTRACTOR**  
*(Submit an original and three copies typed if practicable)*  
**See CLAIMS MANUAL Enclosure (4)**

1. DATE	3. GOVERNMENT BILL OF LADING NO./CONTRACT NO.		
2. TO: <i>(Name &amp; address of Carrier/Contractor)</i>	4. CARRIER BILL OF LADING NO.	BAGGAGE CHECK NO.	MAC FLIGHT NO.
	SHIPMENT IN NONTEMPORARY STORAGE		
5. TO: <i>(Name &amp; address of Warehouse if shipped from nontemporary storage)</i>	6. FROM	7. TO	
	8. LOT NO.	9. SERVICE ORDER NO.	
10. CLAIM IS PRESENTED FOR <i>(Check appropriate box)</i> <input type="checkbox"/> LOSS <input type="checkbox"/> DAMAGE IN CONNECTION WITH THE FOLLOWING SHIPMENT OF: <input type="checkbox"/> HOUSEHOLD GOODS <input type="checkbox"/> BAGGAGE <input type="checkbox"/> OTHER: <i>(Specify)</i> _____			11. AMOUNT OF CLAIM
12. ORIGIN TRANSPORTATION OFFICE	13. SHIPMENT LOADED		14. DATE
15. DESTINATION TRANSPORTATION OFFICE	16. SHIPMENT DELIVERED		17. DATE
18. A DESCRIPTION OF THE ITEMS LOST OR DAMAGED IS ON PAGE 2 <input type="checkbox"/> AND ON _____ ADDITIONAL PAGE(S).		19. NET WEIGHT OF SHIPMENT	
20. REMARKS			
21. SEND REPLY TO: <i>(Office monitoring my claim)</i>		22. CLAIMANT <i>(Name, grade and signature)</i>	



23. DEMAND

a. INVENTORY NUMBER	b. DESCRIPTION OF ITEM	c. NATURE AND EXTENT OF DAMAGE OR LOSS	d. EXCEPTIONS NOTED	e. DATE OF PURCHASE AND PURCHASE PRICE	f. REPLACEMENT COST OR COST OF REPAIR	g. APPROXIMATE WEIGHT	h. CARRIER/CONTRACTOR LIABILITY	i. CARRIER/CONTRACTOR RECOVERY	j. DEPRECIATION PERCENTAGE	k. COAST GUARD LIABILITY	l. RECOMMENDED ALLOWANCE	m. SETTLEMENT
<input type="checkbox"/> CHECK IF BLOCK 23. IS CONTINUED AND ENTER SUB-TOTALS <input type="checkbox"/> CHECK IF BLOCK 23. IS NOT CONTINUED AND ENTER TOTALS					▶							
REMARKS												

