

Certification of Insurance

(All personnel must fill out this form)

I (do) (do not) **presently** have insurance (such as homeowner's, renter's or full replacement insurance).

I (did) (did not) have insurance (such as homeowner's or renter's) in effect when my property was **picked up** from my last duty station.

If you've answered "DO" or "DID" to one of the above questions, please fill in the following:

1. Insurer's name:
2. Type of insurance:
3. Policy period: From: _____ To: _____
4. Deductible Amount:

_____ I (have) (have not) filed a claim against my insurance company for the damage/loss that occurred during shipment.

I have insurance, but I **have not** filed an insurance claim because...

_____ The amount of my insurance claim is less than my deductible.

_____ No claim was made against my insurance company, as I had no missing or water damaged items.

_____ Other. Please specify. _____

If you **have** filed an insurance claim, please provide a complete copy of your settlement paperwork.

Claimant's Signature

Date