



Please Submit to:

Me In Order C/O Jeremie Barber
601 Heritage Drive, Suite 400, Jupiter, FL 33458
866-971-1113

**GENERAL
DAMAGE
CLAIM
FORM**

We at Me In Order are deeply concerned any time a team member is alleged to have caused any damage or loss. We ask for your assistance in filling out this form completely to better enable us to determine what may have occurred, to provide a basis for reimbursement, and to enable us to take measures to prevent any future recurrence. **Please complete this form, print it out, sign it, and mail in back to the address above. If photos of the damage are available, please include them with this form. Please remember to keep a copy of this form for your records.**

BACKGROUND INFORMATION (Claimant)

Last Name	First Name	Middle Name	Email	
Today's Date (mm/dd/yyyy)	Telephone Number (home) ()	Telephone Number (cell) ()	Telephone Number (work) ()	
Street	City	State	ZIP	

INCIDENT INFORMATION

Date of Incident (mm/dd/yyyy)	Time of Incident	a.m. or p.m?		
Please describe what damage or loss occurred, and include the name(s) of the Expert Organizers involved:	Do you have insurance to cover any portion of your losses?	If so, what is the name of your insurance company and the type of coverage?		
What is the estimated replacement value of the item(s) in question?	Item #1	Item #2	Item #3	
Is there any salvage value of the item(s) in question (Yes or no)?	Item #1	Item #2	Item #3	
Why do you feel Me In Order is responsible for this damage?				
On what date did you first notice the damage or loss?	Item #1	Item #2	Item #3	
Were there any contemporaneous eyewitnesses to the damage or loss (Yes or no)?	Item #1	Item #2	Item #3	
If so, who?	Item #1	Item #2	Item #3	

Did you notify the Lead Expert Organizer at the time of the damage or loss (Yes or no)?	Item #1	Item #2	Item #3
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If the damage or loss had not occurred, would you have been satisfied with the quality of the organizing work performed? (Yes or no)
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I understand that Me In Order is relying upon all of the above as being material information in considering my claim, and I agree to notify Me In Order of any material change in any of the above information. I understand that the above information may be used in determining liability for insurance purposes as well, and affirm that the above information is accurate and complete for these purposes.

Signature

Date