

receipt, note on it "subject to further inspection" and also note any exterior damage, for example, crushed cartons, etc. at that time.

Once the movers have gone, you should examine your shipment more carefully and check each item off against your inventories. Where an item is missing or damaged, record its inventory particulars plus a complete description of the damages on a separate piece of paper. You will need these details to submit a claim. The Crown's maximum liability for any one item entered within a grouping in the inventory is \$100. Unless you follow established procedures carefully and within the time limits set by the carriers or the Crown and its underwriters, you will invariably encounter frustrating delays and may lose out on entitlements.

1. Shipments Between Canada and Continental U.S.A. and for Long Term Storage are Insured Up to \$100,000 Through UNIRISC


Address:

UNIRISC
2161 Yonge Street, Suite 302
Toronto, Ontario
M4S 3A6

Tel: (416)480-1511
Fax: (416)489-7528

(Note: Intent to claim (Figure 13) must be filed within 60 days from the date you received your personal and household effects directly to UNIRISC.)

Figure 13

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|  Supply and Services / Approvisionnement et Services Canada | | INSURANCE ON HOUSEHOLD EFFECTS AND MOBILE HOMES ASSURANCE SUR LES EFFETS MOBILIERS ET LES MAISONS MOBILES | |
| <small>NOTICE: PART 1 OF THIS FORM MUST BE COMPLETED AND SIGNED BY THE EMPLOYEE. THE DEPARTMENT MUST RETAIN THE ORIGINAL ON FILE. THE EMPLOYEE RETAINS THE COPY OF PART 1 AND ALL OTHER COPIES OF PARTS 2 AND 3.</small> | | <small>UNE L'EMPLOIE DOIT REMPLIR ET SIGNER LA PARTIE 1 DE CETTE FORMULE. LE MINISTRE DOIT SERVE L'ORIGINAL AU DOSSIER ET L'EMPLOIE CONSERVE LA COPIE DE CETTE PARTIE 1, MAIS QUE TOUTES LES COPIES DES PARTIES 2 ET 3.</small> | |
| PART — 3 — PARTIE | | | |
| NOTICE OF INTENT TO CLAIM <small>NOTE: IN THE EVENT OF LOSS OR DAMAGE TO FURNITURE AND EFFECTS COMPLETE THIS PART AND FORWARD TO DESTINATION AGENT AND A COPY TO THE GOVERNMENT INSURANCE WORKER FOR MOBILE HOMES AND/OR THE CARRIER AND CLAIM THROUGH THE INSURANCE BROKER. THE BROKER'S NAME AND ADDRESS IS AS NAMED IN THE LOSS CUSTOMER MANUAL.</small> | | PREAVIS DE RECLAMATION <small>REMARQUES: EN CAS DE PERTE OU D'AVARE DES EFFETS MOBILIERS, REMPLIR CETTE PARTIE, ADRESSER L'ORIGINAL A L'AGENT AU LIEU DE DESTINATION ET LE COPIER AU COURTIER D'ASSURANCE DU GOUVERNEMENT SE SAUF D'UNE MAISON MOBILE AVISER LE TRANSPORTEUR ET FAIRE UN RECLAMATION AU COURTIER D'ASSURANCE. LE NOM ET L'ADRESSE DU COURTIER FIGURENT AU MANUEL DU CLIENT DU MAS.</small> | |
| <small>THIS IS NOT YOUR CLAIM</small> <small>NAME AND NEW ADDRESS OF OWNER</small> <small>NOM ET NOUVELLE ADRESSE DU PROPRIETAIRE</small> | | <small>LA PRESENTE NE CONSTITUE PAS VOTRE RECLAMATION</small> <small>NAME AND ADDRESS OF MOVING AT DESTINATION</small> <small>NOM ET ADRESSE DU DEMENAGEUR A DESTINATION</small> | |
| <small>GENERAL DESCRIPTION OF LOSS OR DAMAGE — DESCRIPTION GENERALE DE LA PERTE OU DE L'AVARE</small> | | <small>DELIVERY DATE — DATE DE LIVRAISON</small> | |
| | | <small>ESTIMATED VALUE OF LOSS OR DAMAGE</small> <small>COUT APPROXIMATE DE LA PERTE OU DE L'AVARE</small> <small>\$</small> | |
| <small>SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE — SIGNATURE DU PROPRIETAIRE OU DE SON MANDATAIRE</small> | | <small>DATE</small> | |