



CLAIM FORM

For Damaged / Missing
Items or Bodily Injury

Instructions: Please carefully read the instructions on the next page and supply all requested information. Please complete in ink.

1. Submit to: B O S Security, Inc. 651 W Broad St Athens, GA 30601 USA FAX FORM & DOCUMENTS TO: 888-636-1439		2. Name, Address, and Telephone Number of Claimant's personal representative, if any: <i>(Number, Street, City, State, Zip Code, and Telephone Number)</i> e-mail address: _____													
3. Date and Day of Incident: _____	5. Your Travel Itinerary: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Airport:</td> <td style="width: 50%;">Airport:</td> </tr> <tr> <td>Airline:</td> <td>Airline:</td> </tr> <tr> <td>Gate:</td> <td>Gate:</td> </tr> <tr> <td>Flight Number(s):</td> <td>Flight Number(s):</td> </tr> <tr> <td>Departure Time(s):</td> <td>Departure Time(s):</td> </tr> <tr> <td>Arrival Time(s):</td> <td>Arrival Time(s):</td> </tr> </table>			Airport:	Airport:	Airline:	Airline:	Gate:	Gate:	Flight Number(s):	Flight Number(s):	Departure Time(s):	Departure Time(s):	Arrival Time(s):	Arrival Time(s):
Airport:	Airport:														
Airline:	Airline:														
Gate:	Gate:														
Flight Number(s):	Flight Number(s):														
Departure Time(s):	Departure Time(s):														
Arrival Time(s):	Arrival Time(s):														
4. Time of Incident (AM or PM): _____	7. Did you use a Skycap, Porter service, or third-party baggage service? <input type="checkbox"/> Yes If yes, what service? _____ <input type="checkbox"/> No														
6. The incident took place at (please check one): <input type="checkbox"/> Passenger Screening Checkpoint <input type="checkbox"/> Checked Baggage Screening Location <input type="checkbox"/> Other (specify location _____)		8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage and/or injury, identifying persons and property involved, the location of the occurrence and the possible cause thereof) <i>Use additional sheets if necessary</i> _____ _____ _____													
9. Did you file any type of incident report with airport, airline, TSA, BOS, or any law enforcement organization? <input type="checkbox"/> Yes If yes, with whom? _____ <input type="checkbox"/> No															
10. PROPERTY DAMAGE <i>(attach additional sheets if needed)</i>															
10a. Name and address of owner of damaged goods, if other than the claimant <i>(Number, Street, City, State, and Zip Code)</i> _____ _____															
10b. Briefly describe the property, nature and extent of damage and the location where property may be inspected. _____ _____															
11. PERSONAL INJURY															
State the nature and extent of each injury, which forms the basis of the claim. If other than claimant, state name of injured. _____ _____															

