



**Please list the frozen food items that required disposal due to spoilage (cont.)**

<i>Item and Description</i>	<i>Quantity</i>	<i>Size and/or Weight</i>	<i>Cost to Replace</i>

<b>Total: \$</b>
------------------

I attest to the fact that the information provided above is true, accurate, and complete to the best of my knowledge and I hereby acknowledge that this finalizes my freezer food claim.

<u>Insured's Signature</u>	<u>Date (yyyy/mm/dd)</u>

*As a Mutual company, our members needs are always at the forefront. This type of documentation is required in order to validate claims and ensure they are adjusted fairly. Diligent claims adjusting helps us to ensure that our rates remains fair, reasonable and as competitive as possible for our members.*

***Should you have any questions when completing this form, please contact your adjuster.***

***Please forward the completed form to your adjuster. If you do not know the name of your adjuster, email the completed form to: [protect@peimutual.com](mailto:protect@peimutual.com)***