# *Claim for Damage or Substitution*

Send 2 copies with sales book(s) **containing only those stamps** for which reimbursement is claimed to:

**APS Director of Sales, 100 Match Factory Place, Bellefonte, PA 16823**

Retain the third copy for your files. Please allow 90 days for processing.

| *Sales Book No.* | *Page* | *Country & Catalog No.* | *Reason for Claim* | *Value* |
|---|---|---|---|---|
| | | | | |

*If part of a set, claim and return only those stamps thought to be damaged or substituted. The entire set cannot be claimed unless all stamps were damaged or substituted. Figure value on a pro rata basis. If set was priced at 30% of catalog, individual stamps will be claimed at the same 30% of catalog.

| | |
|---|---|
| Total . . . . . | |
| Less Commission . . . . . | |
| Amount of claim . . . . . | |

The Sales Division accepts no responsibility for items that overlap or are mounted in glassine of other cloudy coverings, since stamps so mounted cannot be properly photographed for identification purposes. We cannot accept liability for any loss or damage to a sales book caused by climatic conditions unless there is conclusive proof of human negligence and we accept no liability for a decrease in value of multiple-stamp items due to perforation separation.

*I hereby submit this claim against the APS Insurance Fund and affirm the items listed above were damaged or substituted while my material was circulating in the Sales Division of the American Philatelic Society. I certify that this claim is being submitted within 30 days of the receipt of the book(s) listed above as required by Society regulations and that the statements hereon are true and correct to the best of my knowledge and belief.*

Signed _____

Name _____
(Please Print)

APS No. _____

Address _____

Date _____

_____

Check No. _____

Date _____

Results of Microfilm Reading: Date:

_____

Approved/Disapproved _____
*Director of Sales*

8-04/1M