

#### Dear Traveler:

Aviation Security Management, LLC (ASM) is responsible for the screening of passengers and their baggage at the following Montana airports – Bozeman Yellowstone Intl (BZN), Glacier Park Intl (GPI), Havre City-County Airport (HVR), Glasgow Valley County Airport (GGW), L.M. Clayton Airport (OLF), Sidney-Richland Airport (SDY), Dawson Community Airport (GDV), and West Yellowstone Airport (WYS). If you have experienced a loss, or damage to your property, and you feel that this loss or damage occurred as a direct result of negligence by a ASM employee, you may file a claim with ASM. If you feel the loss or damage was due to the negligence of your air carrier, please file a claim directly with the air carrier. If filing with ASM, you must include proof of your loss or damage.

To file a valid claim, you must send your claim in writing to ASM, stating the circumstances of your loss and the exact amount you are claiming, within fourteen (14) days of the incident. Please refer to the instruction sheet accompanying this letter for more information regarding sufficiency.

This letter is part of the ASM claims package that also includes: (1) Instructions, and (2) Claim Form.

Please follow the instructions carefully and fill out the forms completely. While use of these forms is not mandatory, it will help ensure that you meet ASM's requirements for filing a claim. To submit your claim:

Use standard or overnight mail: Aviation Security Management, LLC

Montana Airports

850 Gallatin Field Rd, Suite 18

Belgrade, MT 59714

Email your claim to MT@a-s-mgmt.com

Once ASM has been presented a sufficient claim, you will be sent a letter of acknowledgement and a control number. Please use the provided control number on all subsequent communications.

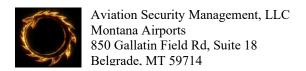
We are sorry that you have experienced difficulties while traveling and hope that this information proves helpful.

Respectfully,

Aviation Security Management, LLC

#### **PLEASE NOTE:**

TSA contracts private screening companies at other airports. ASM does not handle claims for incidents that occur at these airports or at airports where TSA performs screening of passengers and baggage. Claims pertaining to these airports must be filed directly with the company providing screening services or TSA at the applicable airport. To find out more about filing a claim for an incident that occurred at one of these private screening airports, please visit <a href="https://www.tsa.gov/travel/passenger-support/claims">https://www.tsa.gov/travel/passenger-support/claims</a>



## Claim Package

You have downloaded the Claim Package for ASM. If you have suffered property damage/loss or a personal injury **AND** you believe that a ASM employee's negligence caused the incident, please fill out this package in its entirety.

This is a fillable PDF document. Please fill out the form using your computer keyboard or print out the form and write out the information by hand. Be sure to fill out all the fields completely and accurately and submit by **E-MAIL** or **MAIL** to **Aviation Security Management**, **LLC**.

#### INSTRUCTIONS FOR COMPLETING ASM CLAIMS PACKAGE:

#### CLAIM SUFFICIENCY: In order for a claim to be processed, it must contain these 5 items:

- 1. The claim must be SUM CERTAIN
- 2. The claim must have a SPECIFIC DATE
- 3. The claim must name a SPECIFIC LOCATION
- 4. It must have a STATEMENT OF FACT

This means that an exact U.S. dollar amount must be enter in Box 12d.

This means there must be a specific date of incidence. This means that the incident should have a specific place that it happened.

In other words, be as detailed as possible. The more accurate and detailed the description, the faster an investigation and determination will be made. Be sure to remember names, places, and events. Avoid assumptions; they can actually hinder the investigation and may delay your claim.

#### **NINE USEFUL HINTS:**

To speed the process of your claim, the following should be included with your claim:

- 1. Purchase receipt of the ORIGINAL item lost or damaged. (If unavailable; credit card statements, bank statements, appraisals, etc.)
- 2. Boarding Passes, copies of Baggage Tags, and any other Air Carrier or TSA documents related to this trip
- 3. Repair Estimates (if unable to repair, a written statement from the repair shop is required)
- 4. Replacement Estimates
- 5. Photographs of lost/damaged items (past or present)
- 6. Police, Witness, or Incident Reports (if applicable)
- 7. Air Carrier/Other company claim reports
- 8. Fill out the claim form completely (front and back). Blanks may delay your claim
- 9. Submit a claim immediately. Delay in filing a claim can make gathering information difficult or inaccurate

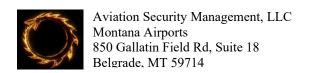
#### WHERE TO SUBMIT FORMS:

#### **U.S. MAIL ADDRESS:**

Aviation Security Management, LLC Montana Airports 850 Gallatin Field Rd, Suite 18 Belgrade, MT 59714

#### **EMAIL:**

MT@a-s-mgmt.com



# PLEASE BE SURE TO ATTACH ALL RECEIPTS, ESTIMATES OF REPAIR, APPRAISALS, OR ANY OTHER DOCUMENTS THAT CAN SUBSTANTIATE THE VALUE OF THE ITEMS THAT WERE LOST OR DAMAGED.

### FOR ALL DAMAGED BAGGAGE, YOU MUST GET A REPAIR ESTIMATE.

#### ADDITIONAL INSTRUCTIONS / INFORMATION

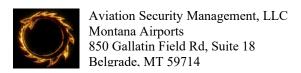
A claim shall be deemed to have been presented when Aviation Security Management, LLC receives from a claimant, his duly authorized agent, or legal representative an executed standard form or other written notification of an incident, accompanied by a claim for money damages in a sum certain for damage to or loss of property alleged to have occurred by reason of the incident.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to Aviation Security Management, LLC is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/his authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or another representative.

The amount claimed should be substantiated by evidence as follows:

- a) In support of claims for damage to property which has been or can be economically repaired, the claimant should at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- b) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- c) Failure to completely execute this form or to supply the requested material may cause your claim to be rejected. A claim is deemed presented when it is received by ASM, not when it is mailed.

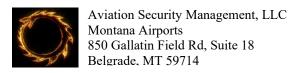
If you fail to complete the form, supply supporting evidence, or specify a sum certain, ASM may refuse to consider your claim.



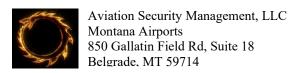
# **CLAIM FOR DAMAGE**

**INSTRUCTIONS:** Please read the instructions below carefully and supply all the information requested. You will receive an Acknowledgement Letter and Control Number.

1.	Submit to the Office Below:	, 1					
		any (Number, street, city, state, and zip code)					
	Aviation Security	Claimant's Information:		Claimant's Representative (if any):			
	Management, LLC	Full Name		Full Name			
	850 Gallatin Field Rd, Ste 18						
	Belgrade, MT 59714	Street Address		Street Address			
	MT@a-s-mgmt.com	City, State, Zip	City State Zin		City, State, Zip		
		City, State, 24p		2119, 211112, 211			
		Country	Country		Country		
		Country		Country			
3.	Day and Date of 4. Air	port Where Incident Occurred	1.	5	Time of		
٥.	Incident:	port where meldent occurred	<b>.</b> .		Incident:		
	BZ	N GPI HVR G	GW OLF	SDY	meident.		
			GW OLI	SD1			
	GD	V WYS					
6	BASIS OF CLAIM (State in	datail the known feets and air	aumstanaas att	anding the demogra	niumz or dooth		
6.	BASIS OF CLAIM (State III	detail the known facts and cir	cumstances att	ending the damage, i	njury, or death,		
	D ( D						
7.	Property Damage	· · · · · · · · · · · · · · · · · · ·					
E1		ner, if other than claimant:	C't- Ct.t. 7	•	Committee		
rui	l Name: Street	Address	City, State, Z	ıp:	Country:		
		erty, nature and extent of dar	nage, and loca	tion where property n	nay be		
	inspected						
8.	Personal Injury / Wrongful Death						
	a. State the nature and extent of each injury or cause of death, which forms the basis of the claim. If other						
	than claimant, state the name of the injured person or decedent.						
9.	Witnesses						
9. a.	Witnesses Full Name	Address / Phone					
		Address / Phone					
		Address / Phone Address / Phone					

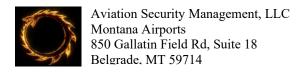


c.	Full Name		Address / Phone				
10.	Amount of Claim (in	U.S. Dollars)					
a.	Property Damage/Loss:	b. Personal	Injury:	c.	Wrongful Death:	d.	TOTAL
11.	Signature of Claiman	t or Claimant's	Representative:		12. Phone Number of Signatory:		13. Date of Claim:



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his/her property.						
16. Do you carry trip and/or accident insurance? Yes No						
If Yes:						
a. Name and Address of Insurance Company (Street Address, City, State, and Zi	p Code:					
b. Policy Number:						
17. Have you filed a claim on your insurance carrier in this instance, and if so, is it	If deductible, state					
full coverage or deductible? Yes No	amount:					
If claim has been filed with your carrier, what action has your insurer taken or proposes	s to take with reference to					
your claim? (it is necessary that you ascertain these facts)						
Click or tap here to enter text.						
Click of tap here to enter text.						
18. Do you carry Public Liability and property damage insurance? Yes No						
If Yes:						
a. Name and Address of Insurance Company (Street Address, City, State, and Zig	code):					
b. Policy Number:						



# SUPPLEMENTAL INFORMATION

19.	. Claimant Email Address:			20. Where did the incident take place at? (please check				
					one)		Charles I Dansas	
					☐ Passenger Secur Screening Checkp	•	☐ Checked Baggage	
21	At which Airport did the	22	Did you u	150.0	Skycap, Porter		Screening Location s your checked baggage	
21.	incident occur?				er third-party			
	meident occur:		service?	ı om	ici tilitu-party	delayed? □Yes □No		
			□Yes	$\square$ N	Jo	1	cs = 110	
24	If this was a Checked Baggage in	aidan				m Canumit	v Managament II C vyag	
24.	responsible?	iciden	ı, wny do	you	believe mai Aviano	on Securit	y Management, LLC was	
	responsible:							
25.	Please provide your COMPLETE			7.			ggage incident, please write	
	(include airline names, flight num	nbers,			down your ba	ggage tag	numbers.	
	arrival/departure times, etc.)							
27	Did you file any type of incident	rono	t with the	ojrlj.	na nimort TCA am	ony love	enforcement agency?	
21.	27. Did you file any type of incident report with the airline, airport, TSA, or any law enforcement agency?  □Yes □No							
If Y	es (Please explain and provide th	e inci	dent/case	repo	ort number):			
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