



# Diversified Product Inspections, LLC

1059 E. Tri-County Blvd, Oliver Springs, TN 37840  
(865) 482-8480 - (800) 865-6220

Date: \_\_\_\_\_

## Check Service Requested

**Level III As Quoted with base fee of \$575** ☐  
Claims \$30,000 and Over

**Level II \$475** ☐  
Claims \$15,000 - \$30,000

**Level I \$300** ☐  
Claims \$1,500 - \$15,000  
Recommend Level II or III for Fire/Electrical Items

**ID Only Report (NO Failure Analysis)** ☐  
\$1,500 If DPI does not do failure analysis

**Storage Only**

**Express Report** ☐  
\$80 additional charge

|  |  |
|--|--|
| Do you need DPI to arrange for pickup of item? Yes <input type="checkbox"/> No <input type="checkbox"/> OR send box & label? Yes <input type="checkbox"/> OR email a label? Yes <input type="checkbox"/> |  |
| Store item after completion of report? <input type="checkbox"/> <sup>See</sup> Reverse Return item after completion of report? <input type="checkbox"/> Item will be returned upon payment of invoice    |  |
| How do you want to receive your report? E-mail <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Please provide current information below.   |  |
| Can we contact your policy holder if we need additional information? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| Claim Value: \$ _____ (Used for statistical purposes only. It is not public record and will only be used internally.)  |  |

## SUBMITTING PARTY / BILLING / CLAIM INFORMATION

|   |                          |                            |  |                          |  |
|---|--------------------------|----------------------------|--|--------------------------|--|
| <b>Adjuster</b>                           |                          |                            | <b>Claim #</b>                         |                          |  |
| <b>Insurance Company</b>                  |                          |                            | <b>Insured's Name</b>                  |                          |  |
| <b>Claim Office Address (NO PO BOXES)</b> |                          |                            | <b>Insured's Address (NO PO BOXES)</b> |                          |  |
| <b>Adjuster's Phone &amp; Fax #</b>       | PH1: _____<br>PH2: _____ | FAX1: _____<br>FAX2: _____ | <b>Insured's Phone #</b>               | PH1: _____<br>PH2: _____ |  |
| <b>Adjuster's Email</b>                   |                          |                            |  |                          |  |

## INFORMATION PERTAINING TO EVIDENCE INVOLVED IN CLAIM

Please include any on-site photos, cause & origin reports, or other pertinent information to support your claim.

|                        |  |                                       |   |                        |   |
|------------------------|--|---------------------------------------|---|------------------------|---|
| <b>Type of Product</b> |  | <b>Where was item used?</b>           |   |                        |   |
| <b>Model #</b>         |  | <b>Are there receipts?</b>            | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | <b>Date of loss</b>    |   |
| <b>Serial #</b>        |  | <b>Replacement item?</b>              | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | <b>Date installed</b>  |   |
| <b>Manufacturer</b>    |  | <b>Part of original installation?</b> | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | <b>Recent repairs?</b> | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |

**Circumstances/details involving claim:**

DPI accepts no liability or responsibility for any loss or damage sustained in the shipment of hazardous materials. Any potentially hazardous material to be shipped should be taken to a UPS office and the provisions contained in the UPS GUIDE FOR SHIPPING GROUND AND AIR HAZARDOUS MATERIAL must be followed.

You can return this form with your evidence or by: **E-mail:** claims@dpi-inc.com or **FAX:** (865) 482-8477

If item being sent to DPI is lost en route, DPI only accepts liability for dollar value of inspection. Part of the DPI program provides for secure storage. Please refer to the reverse side of this document for our Storage Agreement and Liability Statement. At your request, an insured value can be placed on any given item. This requires a written request sent by e-mail or fax, stating the value you wish to assign, as there would be additional charges based upon that value. Upon completion and mailing of this claim form and evidence to DPI, sender is responsible for payment of the services rendered. Submitting party agrees to be responsible for all court costs, attorney fees and any other costs of collection hereunder.

## Storage Agreement and Liability Statement

*\*Submittal of a DPI Claim Form is an agreement between the submitting party named on the document and Diversified Product Inspections, LLC that any such evidence is covered by the following Diversified Product Inspections, LLC Storage Agreement and Liability Statement:*

Diversified Product Inspections, LLC (DPI) is in possession of and is storing the evidence as noted on the DPI Claim Form in connection with services rendered by DPI on behalf of and at the request of Client or Client's agent(s). The evidence is being held in a secure storage facility and storage fees will be charged at the rates set forth in our Pricing Schedule. Storage fees are not pro-rated for items shipped or disposed prior to the year-end date. Special arrangements can be made if a client wants to pay storage quarterly rather than annually; however, there is an additional surcharge for this service. Evidence stored at DPI's facility is at the risk of Client. DPI will maintain liability insurance solely for its facilities, but not for any evidence. Client is responsible for determining the value of the evidence and obtaining the appropriate insurance coverage if desired.

DPI will perform all testing and activities involving evidence with the appropriate standard of care owed to Client. Retrieval, handling, packaging, shipping, inspection, storage, testing or related activities performed by DPI may result in damage or changes to the evidence. DPI is not responsible for the loss of or any damage to evidence from any cause, including damage resulting from alteration, modifications or changes to evidence.

Client waives any and all claims against DPI, its agents and employees, including any subrogation rights on the part of Client's insurers for any loss or damage to evidence from any cause. Client agrees to indemnify and hold harmless, DPI from any and all liability or claims associated with evidence retrieval, handling, packaging, shipping, inspection, storage, testing and related activities performed on behalf of Client or Client's agent(s).

DPI has the right to refuse the acceptance and storage of evidence. In the event storage fees owed by Client remain unpaid for a period of 60 days or longer from the date of the evidence storage invoice, or notice of renewal, and no disposal or transmittal instructions have been received from Client by DPI, DPI shall provide written notice to Client via registered mail of its intent to dispose of evidence. If no disposal or transmittal instructions by Client to DPI have been made within 30 days of mailing the Notice of Intent to Dispose Evidence, DPI has the right to dispose of evidence without further notice to the Client. The Client waives any and all claims against DPI, and agrees to indemnify and hold harmless DPI from liability and claims, including any subrogation rights on the part of the Client's insurers, arising out of the disposal of evidence for non-payment of storage fees.

A notice of renewal will be transmitted annually for the disposition of stored evidence. Payment, storage, or disposal policies will be the same as for new claims. Evidence will not be released or transferred until all invoices are paid in full, except as authorized by DPI Management.

DPI only accepts receipt of the evidence under the terms of this Agreement. Due to delays in client response time, processing and mailing, the terms of this Agreement remain in force at the time the Client authorizes the transfer of evidence to DPI. You will be deemed to have consented to the terms of this Agreement if you do not object to the terms herein within five (5) business days of the date hereof, regardless of whether we have taken any action with respect to evidence you submitted to DPI. In the event Client rejects the terms of this Agreement, Client is responsible for all costs incurred by DPI prior to the receipt of notice of such rejection.