



Aviation Security Management, LLC
2801 Jaycee Lane
Sioux Falls, SD 57104

Dear Traveler:

Aviation Security Management, LLC (ASM) is responsible for the screening of passengers and their baggage at Sioux Falls Regional Airport (FSD). 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
2801 Jaycee Lane
Sioux Falls, SD 57104

FSD@a-s-mgmt.com

Email your claim to

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 <https://www.tsa.gov/travel/passenger-support/claims>



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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:

- | | |
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| 1. The claim must be SUM CERTAIN | This means that an exact U.S. dollar amount must be enter in Box 12d. |
| 2. The claim must have a SPECIFIC DATE | This means there must be a specific date of incidence. |
| 3. The claim must name a SPECIFIC LOCATION | This means that the incident should have a specific place that it happened. |
| 4. It must have a STATEMENT OF FACT | 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
2801 Jaycee Lane
Sioux Falls, SD 57104

EMAIL:

FSD@a-s-mgmt.com

Once submitted, you will receive an acknowledgment letter from ASM after the claim is received and entered into the Claims Management System. This letter will include a ASM control number and instructions. Use this control number to check the status of your claim, or for any other communications with ASM. Inquiries about the status of your claim can be emailed to FSD@a-s-mgmt.com



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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.



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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.

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| 1. Submit to the Office Below: Aviation Security Management, LLC 2801 Jaycee Lane Sioux Falls, SD 57104 FSD@a-s-mgmt.com | | 2. Name, Address of Claimant and claimant's personal representative, if any (Number, street, city, state, and zip code) | |
| | | Claimant's Information: | Claimant's Representative (if any): |
| | | Full Name Click or tap here to enter text. | Full Name Click or tap here to enter text. |
| | | Street Address Click or tap here to enter text. | Street Address Click or tap here to enter text. |
| | | City, State, Zip Click or tap here to enter text. | City, State, Zip Click or tap here to enter text. |
| Country Click or tap here to enter text. | Country Click or tap here to enter text. | | |
| 3. Day and Date of Incident: Click or tap here to enter text. | 4. Airport Where Incident Occurred: Sioux Falls Regional Airport (FSD) <input type="checkbox"/> | | 5. Time of Incident: Click or tap here to enter text. |
| 6. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) Click or tap here to enter text. | | | |
| 7. Property Damage | | | |
| a. Name and address of owner, if other than claimant | | | |
| Full Name: Click or tap here to enter text. | Street Address Click or tap here to enter text. | City, State, Zip: Click or tap here to enter text. | Country: Click or tap here to enter text. |
| b. Briefly describe the property, nature and extent of damage, and location where property may be inspected. Click or tap here to enter text. | | | |
| 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. Click or tap here to enter text. | | | |
| 9. Witnesses | | | |
| a. Full Name Click or tap here to enter text. | | Address / Phone Click or tap here to enter text. | |
| b. Full Name Click or tap here to enter text. | | Address / Phone Click or tap here to enter text. | |



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|--|---|--|--|
| c. Full Name Click or tap here to enter text. | | Address / Phone Click or tap here to enter text. | |
| 10. Amount of Claim (in U.S. Dollars) | | | |
| a. Property Damage/Loss: Click or tap here to enter text. | b. Personal Injury: Click or tap here to enter text. | c. Wrongful Death: Click or tap here to enter text. | d. TOTAL Click or tap here to enter text. |
| 11. Signature of Claimant or Claimant's Representative: | | 12. Phone Number of Signatory: Click or tap here to enter text. | 13. Date of Claim: Click or tap here to enter text. |



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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 Zip Code):
Click or tap here to enter text.

b. Policy Number: Click or tap here to enter text.

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| 17. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No | If deductible, state amount: |
|---|------------------------------|

If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (it is necessary that you ascertain these facts)

Click or 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 Zip Code):
Click or tap here to enter text.

b. Policy Number: Click or tap here to enter text.



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SUPPLEMENTAL INFORMATION

| | | | |
|---|---|---|--|
| 19. Claimant Email Address: Click or tap here to enter text. | | 20. Where did the incident take place at? (please check one) <input type="checkbox"/> Passenger Security Screening Checkpoint? <input type="checkbox"/> Checked Baggage Screening Location | |
| 21. At which Airport did the incident occur? Click or tap here to enter text. | 22. Did you use a Skycap, Porter service, or other third-party service? <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Was your checked baggage delayed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. If this was a Checked Baggage incident, why do you believe that Aviation Security Management, LLC was responsible? Click or tap here to enter text. | | | |
| 25. Please provide your COMPLETE travel itinerary. (include airline names, flight numbers, arrival/departure times, etc.) Click or tap here to enter text. | | 26. If this is a Checked Baggage incident, please write down your baggage tag numbers. Click or tap here to enter text. | |
| 27. Did you file any type of incident report with the airline, airport, TSA, or any law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes (Please explain and provide the incident/case report number): Click or tap here to enter text. | | | |