0.25"



5.50"

INSURANCE RECEIPT (\$500.01 AND OVER) SAVE THIS RECEIPT UNTIL THE PACKAGE IS ACCOUNTED FOR

Return Receipt service is available only in hard copy (PS Form 3811). When using PS Form 3811, endorse the mailpiece "Return Receipt Requested" above the delivery address and to the right of the return address.

INSURANCE COVERAGE: Insurance is provided only in accordance with postal regulations in the Domestic Mail Manual (DMM®). The DMM sets forth the specific types of coverage, terms of insurance and conditions of payment.

The DMM is available online at http://pe.usps.gov. Limitations on coverage include, but are not limited to the following:

- Coverage extends to the lesser of: actual (depreciated) value of the contents at the time of mailing, cost of repairs, or the limit fixed for the insurance coverage obtained.
- No coverage is provided for articles improperly packaged or too fragile to withstand normal handling, concealed damage, spoilage of perishable items, prohibited articles, consequential losses or delay.
- Signature Service is included at no additional fee. Service provides a copy of the recipient's full signature and the date of delivery.
- Insurance Restricted Delivery and Special Handling are available. See the DMM for details.

Other limitations are set forth in the DMM. Coverage, terms and limitations are subject to change.

Filing a Claim

Claim for loss: File a claim no sooner than 15 days but no later than 60 days from the mailing date — for an APO/FPO/DPO item, file no sooner than 45 days and no later than 1 year from the mailing date. Retain the original mailing receipt and proof of value.

Claim for damage or missing contents: File a claim immediately but no later than 60 days from the mailing date Retain the original mailing receipt and proof of value, and also retain the article and mailing container. Please file your domestic claim online at www.usps.com/domestic-claims. If you are unable to file online, call toll free 800-275-8777 for additional information.

Important: Save this receipt and present it when making a claim.

PS Form **3813-P**, January 2023 (*Reverse*) PSN 7530-02-000-9057

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