INTRASTATE PRESENTATION OF LOSS AND DAMAGE CLAIM

CUSTOMER NAME _____ **ORDER FOR SERVICE NO.** _____

NEW ADDRESS _____ OLD ADDRESS _____

_____ _____

CITY STATE ZIP CITY STATE ZIP

TELEPHONE _____ PICK-UP DATE _____ DELIVERY DATE _____

HOME OFFICE

WAS SHIPMENT IN A WAREHOUSE? YES ☐ NO ☐ IF YES, WHERE _____

AGENT NAME CITY STATE

DID EMPLOYER PAY FOR MOVE? YES ☐ NO ☐ EMPLOYED BY _____

NAME HOME OFFICE ADDRESS

WHAT WAS DECLARED VALUE PROTECTION? 60¢/LB. ☐ OR $1.25/LB. ☐ OR LUMP SUM $ _____

INVENTORY NUMBER 1	ARTICLE WEIGHT	ARTICLE DESCRIPTION 2	DESCRIPTION OF DAMAGES 3	PURCHASE DATE AGE	COST TO REPLACE 4	AMOUNT CLAIMED 5	WERE CARTONS DAMAGED YES NO 6

IMPORTANT NOTICE: IF THIS FORM IS NOT THOROUGHLY COMPLETED OR IS SUBMITTED UNSIGNED, IT MAY BE RETURNED.

THE ABOVE CONSTITUTES MY COMPLETE CLAIM _____ _____

SIGNATURE DATE

CLAIM MUST BE FILED, IN WRITING, WITHIN 9 MONTHS OF DELIVERY.

WILL YOU BE ABLE TO FURNISH
A PAID IN FULL BILL?

YES ☐ NO ☐

HOME OFFICE USE ONLY