PRESENTATION OF LOSS & DAMAGE CLAIM FORM

CLAIMANT & SHIPPER NAME IF DIFFERENT				HOME PHONE NUMBER
PRESENT ADDRESS	**CITY**	**STATE**	**ZIP**	**BUSINESS PHONE NUMBER - EXT**
MOVE FROM (ORIGIN ADDRESS)	**CITY**	**STATE**	**ZIP**	**LOADING DATE**
MOVED TO (DESTINATION ADDRESS	**CITY**	**STATE**	**ZIP**	**DELIVERY DATE**

WAS THE AMOUNT OF DECLARED VALUE PROTECTION RELEASED AT

60 CENTS	$1.25LB	ECP OPT	$ LB	LUMP SUM $

INVENTORY ITEM NUM.	DESCRIPTION OF ARTICLE	MISSING OR DAMAGED	WEIGHT OF ARTICLE	WHERE AND WHEN PURCHASED	ORIGINAL COST	COST TO REPLACE	AMOUNT CLAIMED

CLAIMANT SIGNATURE	DATE COMPLETED	THE ABOVE CONSTITUES MY COMPLETE CLAIM	TOTAL CLAIMED
		$	$

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