

Claimant _____ Phone - Home _____ Date _____

Address _____ Phone - Work _____

Moved from _____ Date of Pick up _____

Delivered to _____ Date of Delivery _____

Were the goods in storage? _____ Dates _____

Name and Address of Warehouse _____

Were these items insured under any other policy or insurance coverage? _____

FOR INSURANCE ADJUSTERS ONLY

INVENTORY NUMBER	DESCRIPTION OF ARTICLE	NATURE AND EXTENT OF DAMAGE	DATE OF PURCHASE	REPLACEMENT COST	AMOUNT CLAIMED	APPROX. WEIGHT	AMOUNT ALLOWED	CARRIER LIABILITY	EXCESS LIABILITY
TOTALS									

PLEASE ATTACH COPIES OF:

1) **THE BILL OF LADING AND ANY OTHER DOCUMENTS FROM THE MOVER.**

2) **ANY BILLS OF SALE, APPRAISAL OR OTHER DOCUMENTATION SUBSTATIATING VALUE FOR MISSING ARTICLES.**

I AM THE OWNER OF THE PROPERTY DESCRIBED. I DID NOT CAUSE OR CONTRIBUTE TO THE DAMAGE SET FORTH HEREIN. ALL STATEMENTS MADE IN THIS STATEMENT OF CLAIM AND ANY ATTACHED DOCUMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND CONSTITUTE MY COMPLETE AND ENTIRE CLAIM. NO MATERIAL INFORMATION HAS BEEN WITHHELD.

ANY PERSONS WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AND APPLICATIN FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

CLAIMANT'S SIGNATURE _____

DATE _____