Please mail back to:

Preferred Movers
P.O. Box 462
North Hampton, NH 03862

CLAIM FORM

Customer Name:				Home Telephone	Cell/Office Telephone
New Address	City	State	Zip		Delivery Date / /
Old Address	City	State	Zip		Pick-up Date / /

DID EMPLOYER PAY FOR MOVE? NO ☐ Yes ☐ EMPLOYED BY: _____

WHAT WAS DECLARED VLAUE PROTECTION: .60/LB ☐ DEPRECIATED PROTECTION ☐ FULL VALUE PROTECTION ☐

Inventory No.	Article Weight	Article Description	Description of Loss/Damage	Date of purchase/ Age of item	Cost to replace	Amount Claimed	Carton damaged? Yes or No
EXAMPLE 38	***40 lbs.***	***End Table***	***Scratched top***	***4 yrs.***	***$275.00***	***$50.00***	***N/A***

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 CONSTITUTE MY COMPLETE AND ENTIRE CLAIM. NO MATERIAL INFORMATION HAS BEEN WITHHELD. DOT REGULATIONS REQUIRE THAT ANY CLAIM FOR LOSS, DAMAGE, OR DELAY MUST BE SUBMITTED IN WRITING BY CLAIMANT AND RECEIVED BY CARRIER WITHIN 9 MONTHS FROM DATE OF DELIVERY.

REMARKS	

SIGNATURE
OF CLAIMANT X_____ **DATE** _____/_____/_____