BEKINS MOVING SOLUTIONS

717 E. Venice Avenue Venice, FL 34285 Phone: 941-584-9070 Fax: 866-953-4569

STATEMENT OF CLAIM

BILL OF LADING

CLAIM MUST BE FILED WITHIN 60 DAYS OF DELIVERY

Please use this form to register a claim for loss or damage to items as a result of an Intrastate move by Bekins Moving Solutions.

BEKINS MOVING SOLUTIONS / SARASOTA, FLORIDA

INSTRUCTIONS:

SIGNATURE:

- 1. Complete *ALL* information for prompt handling of your claim.
- 2. Identify all item(s) and type of damage. Include: Inventory Number(s), Weight of Item(s), Original Cost, Date Acquired and Amount Claimed. Failure to provide all information may delay the claim process.
- 3. For lost items list contents of containers and include evidence of ownership.
- 4. Include copies of your Order for Service, Bill of Lading and Inventories.
- 5. Sign, date and return to address above.

DO NOT DISCARD DAMAGED ITEMS OR CRUSHED CARTONS/BOXES. DO NOT PROCEED WITH ANY REPAIRS OR REPLACEMENTS LINTIL THE ADJUSTER MAKES THE NECESSARY DETERMINATION

REFERENCE UNTIL THE ADJUSTER MAKES THE RECESSART DETERMINATION.									
Claimant Na Street Addr	ame:								
City and Sta	ate:				Zip Code:				
Home Phon	Zip Code: Work Phone:								
Email Addr	ess:								
Loading Da	te:		tons Packed by:						
Delivery Da	acked by:								
			ge Location:						
COVERAGE	SELECTE	D: ——							
\$.60 POI	JND	ALL ITS W	VORTH: AMOUNT	DEDUCTIBLE AMOUNT					
INVENTORY NUMBER	DESCRIP	TION OF ITEM	DESCRIPTION OF DAMAGE	DID BEKINS PACK THIS ITEM?	WEIGHT	COST	DATE OF PURCHASE	AMOUNT CLAIMED	
TOTAL							ı		
			by warrants that he/she is authorized a provided herein and all other inform						

Registry ("NHGCR") and to any participating members of the NHGCR.

INFORMATION CONTAINED IN THIS CLAIM IS TRUE AND ACCURATE AND	CONSTITUTES MY ENTIRE CLAIM FOR LOSS
OR DAMAGE.	