180 Flynn Ave. Burlington, VT 05401 Phone # 1-800-649-3185

Load Date	Delivery Date	Origin Address

Shipment Type	Valuation Type
Local Interstate Corporate	[]60 Cents [] Full W/ [] $500 ded [] $250 ded [] $0 ded

Name:_____
Address: _____
_____
_____
_____
E-Mail:_____

Home Telephone # ( )_____
Work Telephone # ( )_____
Fax Telephone # ( )_____
Cell Telephone # ( )_____

Statement of Claim

*** See Next page for Instruction***

All Sections Must be Completed- No Repairs or Discarding Should Begin Prior to Carrier Inspection

Inventory Item #	Article Describe in Detail	Nature of Claim If Damaged, Describe Extent	Approx. Weight	Year Purchased	Cost	Amount Claimed
				TOTAL		

It is understood that losses from an interstate shipment may be reported to the FBI, which has Investigative Jurisdictions under Federal Laws regarding Interstate Commerce.

I am the Owner of the property described. I did not cause or contribute to the damage set forth herein. All statements made in the Statement of Claim and any attached document (s) are true and correct to the best of my knowledge, this statement constitutes my complete and entire claim. No materials or relevant information has been withheld.

_____ _____
Claimant's Signature Date