BEKINS A1 MOVERS INC.
30 W. 196 Calumet Avenue
Warrenville, IL 60555
Phone: 877-682-3050
Fax: (630) 369-0691

STATEMENT OF CLAIM

BILL OF LADING

Please use this form to register a claim for loss or damage to items as a result of an Intrastate move by Bekins A1 Movers.

FLORIDA

INSTRUCTIONS:

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 and date and return to address above.

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

Claimant Name: _____
Street Address: _____
City and State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Email Address: _____
Loading Date: _____ Cartons Packed by: _____
Delivery Date: _____ Unpacked by: _____
Storage Date (If stored) and Origin Location: _____

COVERAGE SELECTED:

☐ $.60 POUND ☐ ALL ITS WORTH: AMOUNT _____ DEDUCTIBLE AMOUNT _____

INVENTORY NUMBER	DESCRIPTION OF ITEM	DESCRIPTION OF DAMAGE	DID BEKINS PACK THIS ITEM?	WEIGHT	COST	DATE OF PURCHASE	AMOUNT CLAIMED
TOTAL							

By making this claim, the undersigned hereby warrants that he/she is authorized to submit this claim on behalf of the shipper/consignee, and hereby consents to the disclosure of the information provided herein and all other information about the claim to the National Household Goods Claim 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.

SIGNATURE: _____ DATE: _____

RETAIN ONE COPY FOR YOUR RECORDS