RETURN TO:

Mayflower Transit, LLC
P.O. Box 26150
Fenton, MO 63026-1350

OR

Your Mayflower Agent

Claim Form

See reverse side for instructions

ORDER FOR SERVICE NUMBER:

Customer Name | Home Telephone | Office Telephone

New Address | City | State | Zip | Delivery Date / /

Old Address | City | State | Zip | Pick-up Date / /

WAS SHIPMENT IN WAREHOUSE? YES ☐ NO ☐

DID EMPLOYER PAY FOR MOVE? NO ☐ YES ☐

EMPLOYED BY _____

WHAT WAS DECLARED VALUE PROTECTION? 60¢/LB. ☐ $1.25/LB. ☐ FULL VALUE PROTECTION ☐

1	2	3		4	5	6	HOME OFFICE USE ONLY		
Inventory number	Article weight	Article description	Description of loss / damage	Date of purchase/ Age of item	Cost to replace	Amount claimed	Carton damaged? Yes or No	C/S $ or R=repair	Expl.	Resp. party
38	*40 LBS*	*END TABLE*	*SCRATCHED TOP* *EXAMPLE*	*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. SEE GENERAL INSTRUCTIONS ON REVERSE SIDE FOR ADDITIONAL INFORMATION.

SIGNATURE OF CLAIMANT X _____ DATE / /

REMARKS _____

530530 Rev. 7-03