

Today's Date _____



15070 Corporate Road N.
 Jupiter, Florida 33478
 Phone: 561-625-0600
 Fax: 561-283-4791

www.A1moving.com

PBC#M01-0011 FLA IM#139

Order Number:		"From" City:		FL
Date Loaded:		"To" City:		FL

Please Print

Claimant(s):		Primary Phone:	
Current Address:		Alternate Phone:	
City, State, Zip		Email:	

Inventory Number	Article	Description of Damage	Estimated Weight	Date Acquired	Amount Claimed	Was it packed by A-1 Moving?	
						Y <input type="checkbox"/>	N <input type="checkbox"/>
						Y <input type="checkbox"/>	N <input type="checkbox"/>
						Y <input type="checkbox"/>	N <input type="checkbox"/>
						Y <input type="checkbox"/>	N <input type="checkbox"/>
						Y <input type="checkbox"/>	N <input type="checkbox"/>
						Y <input type="checkbox"/>	N <input type="checkbox"/>
						Y <input type="checkbox"/>	N <input type="checkbox"/>
						Y <input type="checkbox"/>	N <input type="checkbox"/>

Please check the type of coverage you purchased.

Released at \$.60 cents per pound per article	Y <input type="checkbox"/>	N <input type="checkbox"/>	If you had full replacement coverage, what amount did you purchase? \$	
Were your goods stored at A-1 Moving?	Y <input type="checkbox"/>	N <input type="checkbox"/>	If so, what were the dates of storage? In:	Out:
Were cartons packed by A-1 Moving?	Y <input type="checkbox"/>	N <input type="checkbox"/>	When was the damage discovered and by whom?	
Was there any external damage to a box?	Y <input type="checkbox"/>	N <input type="checkbox"/>		

I/We are the owner(s) of the property described above and did not cause or contribute to the damages. I/We hereby certify that the above information is true and accurate to the best of my/our knowledge and belief. No material information has been withheld.

Signature of Claimant(s)

Date: