



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

RETURN TO:

**JEANNE BEAMAN**  
**SULLIVAN M&S-CLAIMS DEPT**  
**740 CORINTH RD**  
**SPARTA, TN 38583**

# Claim Form

See next page 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? 60c LB.  \$1.25LB.  FULL VALUE PROTECTION

								HOME OFFICE USE ONLY		
1	2	3	4	5	6					
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 <b>EXAMPLE</b>	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 NEXT PAGE FOR ADDITIONAL INFORMATION

SIGNATURE OF CLAIMANT **X** \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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