Statement of Claim

Claim Filing Instructions:

1) Do not contact a repair firm yourself, we will do this for you or advise if this is not possible
2) Do not discard or remove any item for which you are making a claim
3) If the item(s) were packed, keep the container(s)
3) Complete this form as thoroughly as possible. Be sure to include all inventory numbers
4) Fax or mail this form to the Atlantic location that handled your move

Name of Claimant _____ Name of Shipper (if different) _____
Present Address _____ City _____ State _____ Zip Code _____
Moved from _____ Home phone _____ Office phone _____
Delivery Address (if different from above) _____ Fax number _____
Delivery Date / /

Details of Claim

Inventory Number	Article (Complete description)	Nature of Claim If damage, describe extent	Weight (Approx.)	Date of Purchase	Original Cost	Amount Claimed (required)	Amount Paid	Adjusters Use only
						Totals		

By signing below I certify that:
I am the owner of the property described.
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.

Note: The time limit for filing this form varies by location/state.
The following time limits apply by location/state:
FL, IN, AZ - 30 days from delivery date
TX, GA, IL, CO - 90 days from delivery date
CA - 9 months from delivery date, except office move claims which are limited to 30 days from delivery date

Select the type of coverage declared by you prior to your relocation (circle the one that applies):

.30 per pound **.60 per pound** **Depreciated Value Protection** **Replacement Cost Protection**

Deductible Amount (if applicable) $_____

Claimant's Signature_____ Date _____

Adjuster Signature _____ Date _____

*Claims will not be settled until charges are paid in full.