



1215 State Street, Racine, WI 53404
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CLAIM FORM

Customer Name: _____

BOL/Claim #: _____

Destination Address:
 (include city, state, ZIP) _____

Phone #(s): _____

Origin Address:
 (include city, state, ZIP) _____

Email(s): _____

Please read instructions prior to filling out form – incomplete information will delay the processing of your claim.

Inventory #	Item Being Claimed	Description Of Claim/Damage	Approx. Weight	Date Of Purchase	Estimated Value

Remarks: _____

I am the owner of the property and didn't cause or contribute to the damage set forth herein. All statements made in this claim and any documents attached 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.

Signature & Date: _____