

# Claim Form

HHG# 245916

Please remit to: Local Motion  
9230 Xylon Ave  
Brooklyn Park, MN 55445  
Attn: Claims - Fax: (952) 252-0851



Customer Name \_\_\_\_\_

## Claim Address

Move Date: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

## Mailing Address

Check here if mailing address is same as claim address:

Company (if applicable): \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

## Please answer the following questions about your claim

What type of item are you concerned with? \_\_\_\_\_

Did you inform your moving team that there was something wrong with this item? \_\_\_\_\_

Please give a description of what is wrong with the item. \_\_\_\_\_  
\_\_\_\_\_

Does the item still function or can be safely used? \_\_\_\_\_

Did you purchase additional coverage for this item before your move? \_\_\_\_\_

If yes, at what amount of coverage? \_\_\_\_\_

Did you waive any coverage or liability for this item on the original Bill of Lading? \_\_\_\_\_

What is the approximate weight of this item? \_\_\_\_\_

What year was the item made? \_\_\_\_\_

What is the make and model number? \_\_\_\_\_

## Customer Acknowledgment

I understand that Local Motion may take up to 30 days for final settlement of my claim and up to 90 days for the repair of specialized items. I am aware that Local Motion will not assume any liability for delays by service technicians referred to service the claim, and Local Motion reserves the right to either cash out, repair, or replace the item based on the type of coverage I elected prior to my move. I understand that Local Motion will cover my claim up to the amount of coverage selected and no additional coverage or repair funds will be appropriated or allowed which exceed the tariff provisions filed with the Minnesota Department of Transportation.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

9230 Xylon Ave, Brooklyn Park, MN 55445 \* Phone (952) 474-6683 \* Fax (952) 252-0851