

## HOUSEHOLD GOODS STATEMENT OF CLAIM

Name and Address of Claimant	Name and Address of Moving Company
Phone Number:	Phone Number:

Load Date	Delivery Date	Origin Address	Destination Address
Claim Number	Type of Claim		Valuation Option
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Intra-State	Inter-State	Military
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	Limited	ACV
		<input type="checkbox"/>	RCP
	If applicable, Declared Value of Shipment:		\$

DETAILED STATEMENT SHOWING DAMAGED ITEMS AND AMOUNTS CLAIMED					
Inventory #	Description of Item & Damage	Date Acquired	Approximate Weight	Cost when Acquired	Amount Claimed

I hereby certify that I am the owner or the legally authorized representative of the owner of the property described above, and hereby make a solemn oath or affirmation to the truth of the statements contained herein and/or any exhibits attached hereto.

Date Signed	Signature
	Typed Name of Signer

**FRAUD WARNING:**  
*Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact or facts material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant,*