

# US SPECIAL DELIVERY PRESENTATION OF SHORTAGE OR DAMAGE CLAIM

Claimant Name	Date
Claimant Mailing Address	Claimant's File Number (Claimant Assigns)
City, State, Zip	Amount of Claim
Phone Number	US Special Freight Bill (Pro) Number
Claimant Contact Name	Bill of Lading Number (If Known)
Contact Email Address	Shipper Name, City & State
Location of Salvage Freight (If Applicable)	Consignee Name, City & State

\*\*Please retain all salvage until the claim is concluded by US Special Delivery\*\*

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED			
SHORTAGE _____	VISIBLE DAMAGE _____	CONCEALED DAMAGE _____	OTHER _____
Use separate page if additional room is needed.			

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM	
_____ Original vendor's invoice, or certified copy	_____ Bill of Lading
_____ US Special Delivery paid freight bill	_____ Inspection Report
_____ Applicable repair bill, or replacement freight bill	_____ Customer copy of Delivery Receipt

Remit to address if different than above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUBMIT CLAIM TO: US Special Delivery, Freight Claim Department, P.O. Box 207, Iron Mountain, MI. 49801

REMINDER: Your claim can be emailed to: [claims@usspecial.com](mailto:claims@usspecial.com) or faxed to (906) 774-7076.