



STATEMENT OF CLAIM/FORM

Mail To: Alison's Relocations, Inc.
 310 East 1st Avenue.
 Anchorage, AK 99501
 Fax To: 907-344-4504
 Email To: alisonsrelo@gci.net

Claim Filing Instructions:

1. Do not contact a repair firm yourself, we will advise you.
2. Do not discard, repair or remove any item for which you are making a claim.
3. If the item(s) were packed, keep the container(s).
4. Complete this form as thoroughly as possible. Be sure to include all inventory numbers.
5. Fax or email this form using the information given above within the time limitations of: Interstate-9 months (270 days) after the date of delivery and Local Relocations-3 months (90 days) after date of delivery.

Name of Claimant: _____ Phone#: _____ Alternate Phone # _____
 Origin Address: _____ City: _____ State: _____ Zip Code: _____
 Delivery Address: _____ City: _____ State: _____ Zip Code: _____
 Mailing Address if different than above: _____
 Email Address: _____

Details of Claim: Claims will not be processed & settled until all charges are paid in full.

*****Please 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

Inventory #	Article-Complete Description	Nature of Claim-Describe Extent	Weight of Item	Amt. Claimed	Adjusters Use

By signing below I certify that I am the owner of the property described. Statements made in this claim and any attached documents are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim.

Signature _____ Date _____

LOCATION
 310 East 1st Avenue
 Anchorage, AK 99501

PHONE
 (907) 345-9934

FAX
 (907) 344-4504

E-MAIL
 alisonsrelo@gci.net