



4025 Delridge Way SW, Suite 160 | Seattle, WA 98106 | phone: 800-347-0049 | fax: 206-957-5261 | www.bowheadtransport.com

CLAIM #: _____

DATE: _____

CLAIMANT INFORMATION	
NAME OF CLAIMANT:	NAME OF CARRIER: Bowhead Transport Company, LLC (BWHD)
ADDRESS:	ADDRESS: 4025 Delridge Way SW, Suite 160
CITY/STATE/ZIP:	CITY/STATE/ZIP: Seattle, WA 98106
PHONE:	PHONE: (800) 347-0049

CLAIM INFORMATION			
This claim for _____ Is made against the carrier named above by _____ for:			
<input type="checkbox"/> Loss			
<input type="checkbox"/> Damage in connection with the following described shipment of paid Freight Bill (Pro) Number			
NAME OF SHIPPER:		FINAL DESTINATION-NAME OF CONSIGNEE:	
ADDRESS:		ADDRESS:	
SHIPPED FROM:	CITY, STATE:	VOYAGE #:	BOOKING #
TO:	CITY, STATE:	B/L No./DATE:	DATE OF DELIVERY:
IF SHIPMENT RECONSIGNED EN ROUTE, STATE DETAILS:			PO #

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED

Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.

LOST CARGO VALUE OR DAMAGE REPAIR COSTS	
COST OF FREIGHT	
TOTAL AMOUNT CLAIMED	

In addition to the information given above, the following documents are submitted in support of this claim:

- Original bill of lading, if not previously surrendered to carrier
- Original paid freight bill
- Original invoice or certified copy
- Photographs that show extent of damage
- Other documents to show proof of loss or damage

Explain the absence of any documents listed in the items above: _____

When, for any reason, claim is made by another, or made subsequently, and such claim involves the same goods and damages identified above, claimant agrees to indemnify and hold harmless the Carrier receiving this claim, named above, and any participating carriers, and will pay to the Carrier or any participating carrier all losses, costs, damages, counsel fees or any other expenses which they may incur resulting from duplicate claims arising out of the same shipment.

I hereby certify the information submitted in this form as true and correct.

SIGNATURE _____ TITLE _____

DATE _____