



LTL CLAIM FORM

Claim Filing Instructions

The completed form and requested documents can be emailed to LTL_Claims@magnumlog.com or mailed to:

Magnum LTL

Po Box 2023

Fargo, ND 5810-2023

(Fax) 701-297-6320

Required documents

- Original BOL
- Original invoice for the material or other document to establish value of claimed goods
- Itemization of each claimed item, its value and weight
- Photos of damage and packaging are required for damaged items to show the extent and nature of the damage
- If claim is not amendable by repair or resale a detailed explanation of why mitigation is not an option.
- Any other documentation to support your claim and carrier liability
- Additional information may be requested during the investigation of the claim

Notice to claimant

- All products must be held until claim is finalized. Not doing so will affect the liability of the claim.
- Claim must be filed with a proper carrier within not more than nine (9) months from the date of delivery in the event of a damage claim, and not more than nine (9) months from the date of the bill of lading in the event of loss
- It is the duty of the consignee, when there is substantial value in the salvage, to accept and handle it in such a manner as to mitigate the carrier's loss as much as possible.
- Before a claim is finalized all freight charges must be settled.
- Carrier follows NMFTA guidelines for packaging and it is the duty of the shipper or consignee to verify item is properly packaged to withstand the normal rigors of LTL transportation.
- Any claim resulting from insufficient packaging, damage defect or other reasons not due to transportation should be filed with the supplier.
- Claim liability may be limited by contract or Magnum's Rule Tariff
- Claim will be acknowledged within 30 days of filing and may take up to 120 days to finalize.
- More information regarding Magnums rules and tariffs can be found at <https://magnumlog.com/ltl-resource-library>



LTL CLAIM FORM

See cover page for instructions and required documents

Pro #:

Claimant's Claim #:

CLAIMANT

Company Name

Street Address

City State Zip

REMIT TO (if different than claimant)

Company Name

Street Address

City State Zip

SHIPPER

Company Name

Street Address

City State Zip

CONSIGNEE

Company Name

Street Address

City State Zip

Filed for **Shortage** **Damage** **Concealed Damage** **Other**

Pieces	Item Description	Weight	Amount Claimed

Total Amount Claimed:

Preparer's Name

Preparer's Signature

Date

Telephone

Email Address