

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

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
- Claims below \$50.00 may not be considered
- 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



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See cover page for instructions and required documents Claimant's Claim #: Pro #: **REMIT TO (if different than claimant) CLAIMANT** Company Name Company Name Street Address **Street Address** Zip City State City State Zip **SHIPPER CONSIGNEE** Company Name Company Name Street Address **Street Address** State City City Zip State Zip **Concealed Damage** Other **Damage** All Short **Partial Shortage** Filed for Pieces Weight \$ Amount Claimed **Item Description Total Amount Claimed:** Preparer's Name Telephone **Email Address** Preparer's Signature

Date