



**Formal Notification and
Presentation of Claim
for Loss or Damages**

Date: _____
UGL Claim #: _____

Please direct correspondence to:
Contact Name: Jim Hollingsworth
Phone: 636-305-4395
Email: jim_hollingsworth@unigroup.com

Please include your
Purchase Invoice for the damaged
item(s) and your
Bill of Lading (if applicable)
**Your claim cannot be processed
without above documentation.**

Correspondence Information:
Customer: _____
Customer Contact: _____
Address: _____

City: _____
State: _____ ZIP: _____
Phone: _____
Fax: _____
Customer Ref #: _____
E-mail: _____
Federal Tax ID #: _____

Claimant Information:
Property or Site name: _____
Customer Contact: _____
Address: _____

City: _____
State: _____ ZIP: _____
Phone: _____
Fax: _____
Customer Ref #: _____
E-mail: _____
Federal Tax ID #: _____

Shipment Information Necessary to Process:
Carrier Name: _____ Pro #: _____
Date Linehaul Delivered: _____ PO #: _____
Were exceptions noted on carrier's delivery receipt? Yes No Unknown
Is freight repairable? Yes No Unknown

UGL Use:
Who loaded shipment? Shipper Carrier

Indicate number of items and describe specific damage below Amount of Claim: _____

Location of Freight: _____ Contact: _____
Phone: _____

Claimant Signature: _____ (Required to process claim)