



## Shortage or Damage Claim Form

Please remit this form and any additional document to:  
CrossCountry Courier, Inc  
Attn: Claims Department  
PO Box 4030 Bismarck, ND 58502-4030  
Email: claims@ccfs.com

Date of Claim: \_\_\_\_\_

Reference #: \_\_\_\_\_

Carrier Pro # \_\_\_\_\_

### Shipment Information

Shipper: \_\_\_\_\_ Consignee: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

### Claim Information

☐ Shortage ☐ Damage

Quantity	Item Number	Weight	Detailed statement showing how amount of claim is determined	Amount
			Freight Charges:	

Total Amount Claimed: \_\_\_\_\_

### Additional Comments

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### Claimant Information

Claimant #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_