Please provide the following with your claim:

1. Brief typed letter outlining your claim and describing any grievances.
2. Completed Claim Form and Worksheet.
3. A copy of the Uniform Household Goods Bill of Lading (contract) from your move. If available, please supply the copy signed at the time of delivery.
4. A copy of your Household Goods Descriptive Inventory. If available, please supply the copy signed at the time your shipment was delivered. For local (intrastate) moves an inventory may not have been prepared.
5. Pictures should clearly convey the extent of the damage as well as its location on the item claimed. Provide a distance shot of the entire item with the damage visible. If necessary provide a close up picture showing the extent and nature of the damage. Please use some indicator of relative size such as a coin or a ruler. Please identify each picture and what is depicted. Unidentified pictures may delay processing of your claim. If you are submitting photographs please document your name and the item being depicted on the back.

If you obtained Full Value Replacement coverage from the mover, you must also provide the following:

- Receipt proof of purchase for claimed items.
- Manufacturer, model information and year purchased.
- 2 Repair estimates for damaged items. Estimates must clearly describe the damage, the intended repair and the cost for each repair. Repair estimates must be limited to the damage claimed.
- You must declare the value you are seeking to recover for each item claimed.

If you purchased insurance through a 3rd party insurance provider:

- First file a claim with the 3rd party insurance provider. They will be the primary insurance carrier and may subrogate the claim to ACM.

Mail completed claim packets to:

Anthem Claim Management, LLC
40937 North Courage Trail
Anthem, AZ 85086

Please Note: Claims received via email or fax will not be accepted. Documents or pictures stored on disks, flash drives or other removable storage media are not accepted.

For additional information visit our web site [www.MyMoveClaim.com](http://www.MyMoveClaim.com) or contact Anthem Claim Management at (877) 476-5983 #5.

Please complete the following and include with your claim packet:

<table>
<thead>
<tr>
<th>Customer Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name on Bill of Lading/Contract*: __________________________ Phone*: (______) _______ – ___________</td>
</tr>
<tr>
<td>Alternate Phone: (______) _______ – ___________ Email: _____________________________________________________</td>
</tr>
<tr>
<td>Current Address: _________________________________________ Mailing Address: ________________________________</td>
</tr>
<tr>
<td>City: ______________________ State: __________ Zip Code: ________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information About Your Move</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving Company Name*: _______ Order or Reference Number: ____________________________</td>
</tr>
<tr>
<td>Origin State: ______ Pick-Up Date: _____ / _____ / _______</td>
</tr>
<tr>
<td>Destination State: ______ Delivery Date: _____ / _____ / _______</td>
</tr>
<tr>
<td>Were these items stored: Yes No If so, where and for how long: ____________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you purchase additional insurance for your move: Yes No</td>
</tr>
<tr>
<td>Insurance Company Name: ____________________________ Phone: (______) _______ – ___________</td>
</tr>
</tbody>
</table>
Claimant Name: ____________________________________________________________________________  Page ____ of ____

Moving Company Name: __________________________________________________________________________

Inventory Number*: _______  Item Being Claimed: __________________________________________________________

Description of Damage: ____________________________________________________________________________________________________________________________________

_________________________________________________  Dollar Amount Claimed**:_____________

Year Purchased: ______  Who Packed This Item: Moving Company  Claimant or Shipper  Picture Included: Yes  No

Inventory Number*: _______  Item Being Claimed: __________________________________________________________

Description of Damage: ____________________________________________________________________________________________________________________________________

_________________________________________________  Dollar Amount Claimed**:_____________

Year Purchased: ______  Who Packed This Item: Moving Company  Claimant or Shipper  Picture Included: Yes  No

Inventory Number*: _______  Item Being Claimed: __________________________________________________________

Description of Damage: ____________________________________________________________________________________________________________________________________

_________________________________________________  Dollar Amount Claimed**:_____________

Year Purchased: ______  Who Packed This Item: Moving Company  Claimant or Shipper  Picture Included: Yes  No

Inventory Number*: _______  Item Being Claimed: __________________________________________________________

Description of Damage: ____________________________________________________________________________________________________________________________________

_________________________________________________  Dollar Amount Claimed**:_____________

Year Purchased: ______  Who Packed This Item: Moving Company  Claimant or Shipper  Picture Included: Yes  No

Comments:

* Inventory Number: The number from the Household Goods Descriptive Inventory associated with the claimed item.
** Required for all Full Value Replacement claims.
Please use additional pages if necessary.