



Claim for Cargo Loss or Damage

Claimant Information

Company: _____ Claimant File Number: _____
 Address: _____ Contact Person: _____
 City St Zip: _____ Email: _____
 Phone: _____

Shipping Information

Railcar/Unit Initial/Number: _____
 Shipper: _____
 Origin (City St): _____
 Consignee/Receiver: _____
 Destination (City St): _____
 Billing Date (mm/dd/yyyy): _____
 Unloading Date (mm/dd/yyyy): _____

Basis of Claim

Claim in the amount of \$ _____ is made for Loss or Damage (check one)
 Carrier previously notified? Yes No Photos taken? Yes No
 Description of Damages:

Detailed explanation how amount claimed is determined (enter quantities and description of cargo with applicable prices):

Inclusion of the following document will facilitate claim processing. (This list is not all inclusive.)

- Bill of Lading
- Verification of loss/damage; source documents; photos
- Invoice of Manufacturing
- Cost of Disposition of cargo; salvage proceeds/allowance
- Freight Bill
- Assignment of Claim Rights

This claim form may be submitted by:
 Email to: CargoClaims@BNSF.com
 Mail to: Cargo Claims
 BNSF Railway Company
 920 SE Quincy Street
 Topeka, Kansas 66612-1116
 Fax to: 785-435-4120

Claims can be filed electronically via Cargo Claims System at www.BNSF.com
 For additional information on Cargo Claims, visit <http://www.bnsf.com/ship-with-bnsf/support-services/cargo-loss-and-damage-claims.html>, email CargoClaims@BNSF.com, or call 1-800-333-4686 Option 2.

The undersigned hereby certifies that all statements in this claim are correct, that the prices herein do not exceed the destination value of such property on the due date in the quantity shipped and do not include unearned profit or expenses not incurred; further that such prices are those appearing on original invoice, if issued, less all discounts and allowances, whether or not same actually appear thereon.

The undersigned hereby guarantees to protect the BNSF Railway Company, or any connecting carriers, against any and all Loss, Damage, Costs, Expenses and Attorneys' Fees which may result from payment of this claim by reason of our failure to support same with the original Bill of Lading and/or Paid Freight Bill. It is understood carrier reserves the right to request original or copy of any document deemed essential to proper disposition of claim.

Signature of Claimant

Date

* If you don't wish to provide electronic signature, please print and sign this form.