

Cargo Claim Form

Welcome to Coyote's standard form for presentation of loss and damage claims. Please fill out this form to the best of your ability and submit. The Coyote Claims Team will review your claim, notify you of its status and outline any next steps.

Have questions about the cargo claims process with Coyote? [Read this helpful claims FAQ.](#)

Need any additional assistance? Reach out to claims@coyote.com.

**indicates required field*

Type of Cargo Claim*

- Damaged product
- Shortage (a portion of the shipment was not delivered)
- Lost product (the entire shipment was not delivered)
- Theft (the shipment has been confirmed as stolen)

Claim Reference Numbers*

Claimant reference #: _____
Bill of Lading (BOL) #: _____
PRO #: _____
PO #: _____
Coyote load #: _____

Claimant Information

Claimant Contact

Claimant (business name)*: _____
Claimant contact (person)*: _____
Contact email*: _____
Contact phone*: _____

Claimant Address

Claim payments will be mailed to this address

Address line 1*: _____
Address line 2: _____
City*: _____
State*: _____
Zip code*: _____

Shipment Information

Shipper Information

Shipper Name*: _____
Address line 1*: _____
Address line 2: _____
City*: _____
State*: _____
Zip code*: _____
Date of pick up*: _____

Consignee Information

Consignee Name*: _____
Address line 1*: _____
Address line 2: _____
City*: _____
State*: _____
Zip code*: _____
Date of pick up*: _____

Claim Description*

Please provide a detailed description of the cargo claim you are filing. This is where you tell us what happened – note that you will need to provide a detailed description of the commodity in the next section.

Indemnity Agreement

In the absence of the Original Freight Bill or Original Bill of Lading, we agree to hold the above named Broker and/or Carrier to whom this claim is presented and any other participating carrier, harmless against any and all lawful claims which may be made against it or them arising out of the same shipment and will pay to the said Broker and/or Carrier and any participating Carrier(s), all losses, damages, costs, counsel fees or any other expense which they or any of them may suffer or pay by reason of payment of our claim, herein described, without the surrender of the Original Freight Bill or Bill of Lading, as such was not provided and/or cannot be located.

I have read and agree.

Claims Documentation Checklist

For prompt service, provide as much of this documentation as possible.
We will require all the following (when applicable) to process your claim.

- Documentation of commercial invoice value
- Repair invoice (if applicable)
- Salvage information (product must be retained until claim is finalized)
- Proof of payment of freight charges
- Delivery receipt / proof of delivery
- Inspection report
- Original Bill of Lading (BOL)
- Photographs

Claimant Signature

Your signature confirms that the statements contained in this form are true and correct.

Authorized signature*: _____

Printed name*: _____

Date*: _____