



Pinsly Railroad Company Freight Loss or Damage Claim Form

Date of Claim Filing:

Subscribing Carrier:

Railcar(s) Initial & Number:

Shipper/Consignor Name, City, State & Zip:

Receiver/Consignee Name, City, State & Zip:

Commodity (STCC or Product Description):

Loading date

Shipping date

Bill of Lading

Freight Bill(s):

Invoice or Manufacturing Costs of commodity:

Demanded payment amount:



Description of damage or loss being claimed:

Additional information or support:

I certify that the above is true and correct.

Signature _____ Date _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Note:

Please include photographs of equipment or product being claimed. Missing information and photos will delay processing of your claim. Additionally, submitting this information does not guarantee that payment will be made on your claim.

Return the claim form AND additional supporting information to:

Mail: Pinsly Railroad Company
245 Riverside Ave, Suite 250
Jacksonville, FL 32202

E-mail: info@pinsly.com