

Freight Forwarder Broker Bond - Proof of Claim Form

Broker Information

Broker Name: _____

Bond Number: _____

Address: _____

Telephone Number: _____

Claimant Information (Check One) **Shipper** ☐ **Carrier** ☐ **Factoring Co** ☐ **Other** ☐

Company Name: _____

Company Address: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Is it okay to send correspondence and communicate with you via email? Yes ☐ No ☐

Factoring Company (Skip this section if the Factoring Company and the claimant are the same)

Company Name: _____

Company Address: _____

Contact Person: _____

Phone Number: _____

Claim Information

Claim Amount: _____

Date of Loss (date of delivery): _____

Commodity: _____

Description of Loss: _____

REQUIRED DOCUMENTS TO FILE YOUR CLAIM:

- Commercial Invoice(s) (the shipment must be over 30 days prior to today's date)
- Rate Confirmation with the bond holder
- Broker/Carrier Agreement or Contract
- Collection notices issued to the bond holder
- Other demands for payment against the bond holder
- Signed and dated bill of lading
- Proof of delivery

Please email this form with the required documents to claims@unitedcasualty.com

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