

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

UCS fully reserves its rights and defenses under the terms of its bond and the applicable law. This reservation of rights shall remain in full force and effect unless expressly revoked in writing by UCS. Furthermore, please be advised that this correspondence is written for the purpose of investigation and notification only and should not be construed as a promise to pay any claim in whole or in part.

This affidavit is made in support of the above described claim against, and for the purpose of inducing, UNITED CASUALTY AND SURETY INSURANCE COMPANY, as surety for the principal, to pay said claim under the _____ bond which it executed. as surety for said principal Except as noted on the attached exhibit, there are no setoffs, counterclaims, back charges, or other credits due the principal against said claim, claimant is not indebted to the principal on this or any other account, and claimant does not hold any note or security of any kind whatsoever for said debt.

A copy of each written notice and sworn statement which has been given is attached and made a part of this affidavit.

(Signature of person making affidavit)

(Printed name of person making affidavit)

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may also be subject to a civil penalty.

Signed and sworn to before me on _____ 20 ____ , said subscriber being known by me to be the person described in the above instrument.

Notary Public: _____

My Commission Expires: _____