



FMC CLAIM SUBMISSION FORM

Claimant Name: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Agent Company (if applicable): _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Bond Holder Name: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Claim Amount: _____

Shipment Pick-up Date: _____

Delivery Date: _____

Load Number: _____

REQUIRED DOCUMENTS TO FILE YOUR CLAIM:

- Copies of the service contract for this shipment(s) and/or copies of the applicable tariff
- Current detailed statement
- Delivery receipts or inland bills of lading issued at the ports of destination
- All credit agreements for this shipment(s)
- All collection notices and other demands for payment of the alleged amount owed
- Documents evidencing payments already received on this load
- All documents, bills of lading, proof of payments, and receipts for claimed inland pre-carriage and rail transportation
- All documents demonstrating that damages arising from transportation related activities of the bonded intermediary
- Signed bill of lading (including ocean and inland bills of lading)

Please email this submission form with the required documents to submitclaim@roanokegroup.com

Roanoke Claims Services 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 Roanoke Claims Services. 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.