

E&O CLAIM REPORT

IMPORTANT: This report must be completed and transmitted to Roanoke Claims Services the same day a claim or lawsuit is reported to you.

Send report & documents to: Roanoke Claims Services ATTN: Karen Rzeszutko 1475 E. Woodfield, Road, Suite 500 Schaumburg, IL 60173 1-800-ROANOKE karen.rzeszutko@roanokegroup.com	E&O Policy# Annual Limit Deductible Date of Claim	
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SUIT: Service Date ~~XXXXXXXXXXXX~~ Response Date
 Normal /Routine Claim ~~XXXXXXXXXXXX~~ Watch Claim

Insured: Address: Individual Reporting: Telephone: Email Address:	Claimant Name: Address: Telephone: Contact: Amount Claimed: Attorney (if any):
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Alleged Error:
 Drawback
 Marking/Labeling
 Failure to Follow Instructions
 Improper Insurance
 Miscalculation
 Misdirection
 Improper Choice of Carrier
 Delay, Damage, Loss of Market
 Other
 Late Entry
 General Order
 Failure to Collect Documents

Facts of Alleged Error:

Remarks/Other Information:

Documents Needed:

- Freight invoices issued (front and reverse side)
- Copy of the formal claim presented against you
- Copy of the formal claim presented against the liable party (i.e., airline, trucker, agent, etc.)
- Copies of all communications/emails/faxes to/from the claimant regarding the situation
- Copies of all communications/emails/faxes to/from the liable party (if another party was at fault)
- Copies of all shipping documents (i.e., Truck Waybills, HB/L or HAWB, MB/L or MAWB, claim to carrier, commercial invoice, packing list, delivery receipt, Customs Entry Summary)
- Copy of any signed Power of Attorney
- Copy of any contract you have with the claimant

Additional information may be requested following review of the claim.

E&O Report Date: Individual Making Report: Signature: _____	IMPORTANT!!! Do not prejudice claim by admitting liability or offering to settle with Company's permission. Also, do not discuss this claim with anyone except the Insurance Company, Its representatives, or insured's own counsel.
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