



BMC-84 CLAIM SUBMISSION FORM

Claimant Name: _____

MC Number: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Factoring Company Name (if applicable): _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Bond Holder Name: _____

MC Number: _____

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:

- Commercial Invoice(s) (the shipment must be over 30 days prior to today's date)
- Rate Agreement with the bond holder
- Credit Agreement with the bond holder
- Collection notices issued to the bond holder
- Other demands for payment against the bond holder
- Documents evidencing payments made by the bond principal to your company including copies of checks
- Receipt for claimed trucking, inland pre-carriage and rail transportation
- Signed and dated bill of lading or proof of delivery

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.