



Roadrunner Transportation Systems, Inc.

P.O. Box 8903
Fax: 414-615-1529

Cudahy, WI 53110-8903
Claims@rrts.com

To: CLAIMS DEPT

Copies of claim forms follow.

Please fill out the form as completely as possible.

Mail the completed form along with supporting documents to:

Roadrunner Transportation Systems, Inc.
P.O. Box 8903
Cudahy, WI 53110-8903

Documents needed in support of claim:

1. Copies of any other documents that are in support of your claim.
2. Copy of Inspection (Only if an inspection was performed on the shipment)
3. Copy of all invoices which verify your cost of repair or replacement.
4. Copy of all original invoice pertaining to shipment.



Standard Form For Presentation Of Loss And Damage Claim

Claim To:

RoadRunner Transportation Systems, Inc.
PO Box 8903
Cudahy, WI 53110

Date:

Reference Number:

Carrier's PRO Number:

Account Number:

Claim For:

This claim for \$ is made against your company for Damage Shortage
in connection with the following described statement:

Salvage Location:

Contact Name:

Address:

City:

State:

Zip Code:

Phone:

Country:

Additional Shipment Information (optional):

Detailed Statement:

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

ALL DISCOUNT and ALLOWANCES MUST BE SHOWN

Description	Class	Weight lbs	Amount

NMFC Item No. of commodity lost or damaged:

Total Amt. Claimed:

Documents Attached:

The following documents are submitted in support of this claim:

- Original invoice or certified copy
- Other particulars obtainable in proof of loss or damage claimed:

Indemnity Agreement:

In the absence of the Original Freight Bill and/or Original Bill of Lading, we agree to hold the above named carrier to whom this claim is presented and any other participating carrier, harmless and indemnified against any and all lawful claims which may be made against it or those arising out of the same shipment and will pay to said carrier and any participating carrier(s), all losses, damages, costs, council fees or any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without the surrender Original Freight Bill or Bill of Lading, as such was not provided and/or cannot be located.

The foregoing statements of facts is hereby certified as correct.

Date:

Claimant's Name:

Signature:

Company Name:

Address:

City:

Phone #:

Email:

State: Zip:

Country: