



Roadrunner Freight

1920 10th Ave

South Milwaukee, WI 53172

Claims@rrts.com

Please fill out the form as completely as possible. You may also file online at www.shiproadrunnerfreight.com

Mail the completed form along with supporting documents to:

Roadrunner Freight
1920 10th Ave
South Milwaukee, WI 53172

Email the completed form along with supporting documents to:

Claims@rrts.com

1. Copy of all invoices which verify your cost of repair or replacement.
2. Copy of all original invoice pertaining to shipment.

*An original invoice is required with the submission of a claim. Please also provide any other documents that substantiate your claimed amount.

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 |
|-------------|-------|------------|--------|
|-------------|-------|------------|--------|

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:

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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: