

Surety Claim Form

Bond Number	Principal Name	Date of Loss

Claimant Information:

First Name	Last Name	Phone

Company Name	eMail address

Street Address	City	State	Zip

Relationship to Claimant:

- Claimant / Obligee
- Attorney
- Other

Description of Loss

- Attachment included

Information to include with Claim

Compliance Claims

- Copy of License
- Copy of Permit
- Copy of Bond

Freight Broker Claims

- Billing Invoice
- Rate Confirmation
- Bill of Lading

To validate bond coverage exists for claim, contact:

Joe Alessi – Surety Division Manager
Email: jalessi@ufcic.com
Phone: 616.209.4406

To place a claim or have a claims question, contact:

UFCIC Claims Division
Email: claims@ufcic.com
Phone: 800.874.8752