

Claim Form

Claimant Name:		
Claimant Address:		
Claimant Contact:		
Claimant Phone No.:	Clain	nant Fax No.:
Claim Amount:		
Trustor/Principal:		
Trustor/Principal Address:		
City:	State:	ZIP:
Trustor/Principal Contact:		
Trustor/Principal Phone No.:	Trusto	r /Principal Fax No.:
Claimant's Invoice #(s):	multiple invoices)	
Date Reported to Avalon:		
Date of Loss:		
Policy Effective Date:		
Trust/Bond#:		
Trustor/Principal MC#:		
Copy of the following required: Billing Invo		onfirmation Bill of Lading

IMPORTANT INFORMATION ABOUT CLAIM FILING PROCEDURES! Due to the regulatory changes under provisions set forth under 49 USC 13906, as amended by MAP-21, Division C, Sub Title I, Section 32918 the following have been implemented in the claims processing procedures:

- If claim is submitted without all documents, claimant has 10 days to submit remaining documents or claim will be closed/denied.
- If claim is valid and all pertinent documents are present, claim is forwarded to property broker allowing 30 days to submit payment or valid dispute in writing.
- If claim is valid and property broker is still viable and payment is not made, the surety can only issue payment if a judgment is obtained by the claimant.
- If property broker is not responsive, the surety will determine if principal is financially insolvent. If property broker is financially insolvent, the surety will need to publish notice of their insolvency for a period of sixty (60) days.
- After sixty days (60) of publication, payment must be made on all valid claim submissions within thirty (30) days.

The surety fully reserves all of its rights and defenses under the terms of its bond and the applicable laws. This reservation of rights shall remain in full force and effect unless expressly revoked in writing by the surety. 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. If you have any questions regarding this matter please contact us at (847) 235-6283, via fax (847) 890-6413, or via email <u>claims@tiasuretyclaims.com</u>.