

CLAIMS NOTICE

POOL MEMBER _____
 MEMBER ADDRESS _____

LIABILITY
 PROPERTY

PLEASE ATTACH MEMBER'S NOTICE OF CLAIM ORDINANCE OR PROVISION AND ANY WRITTEN NOTICE RECEIVED FROM CLAIMANT.		DATE OF NOTICE TO FUND MEMBER	CONTRACT NUMBER	COVERAGE EFFECTIVE DATE	POOL MEMBER'S CONTACT	
					PHONE:	
DATE & TIME OF ACCIDENT OR LOSS	AM PM	LOCATION OF ACCIDENT OR LOSS			POLICE INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO ATTACH REPORT	
DESCRIPTION OF ACCIDENT OR LOSS						
DESCRIBE DAMAGE TO POOL MEMBER'S PROPERTY						
POOL MEMBER'S VEHICLE , YEAR, MAKE		MODEL	VEHICLE IDENTIFICATION NUMBER		LICENSE PLATE NUMBER	
ANY OTHER INSURANCE COVERAGE FOR THIS CLAIM <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE CO.			POLICY NUMBER	
NAME OF POOL MEMBER'S DRIVER		AGE	ADDRESS			HOME PHONE
MEMBER'S DRIVER TITLE OR POSITION	MEMBER VEHICLE USED WITH MEMBER'S PERMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO		REPAIR ESTIMATE <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT OF ESTIMATE		
DEPARTMENT	DEPARTMENT HEAD		SUPERVISOR		OFFICE PHONE / EXTENSION	
CLAIMANT NAME		ADDRESS				PHONE
ADDITIONAL CLAIMANT NAME		ADDRESS				PHONE
CLAIMANT AUTO: MAKE, YEAR, PLATE NO.		CAR OR PROPERTY INSURED <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME & POLICY NUMBER		
LOCATION OF CLAIMANT'S VEHICLE		REPAIR ESTIMATE <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT OF CLAIMANT ESTIMATE		PRIOR DAMAGE TO CLAIMANT VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF INJURED	ADDRESS		PHONE NUMBER		EXTENT OF INJURY	
CLAIMANT OCCUPATION		CLAIMANT EMPLOYER			CLAIMANT RELATED TO POOL MEMBER EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF WITNESS		ADDRESS				PHONE NUMBER
ADDITIONAL WITNESS		ADDRESS				PHONE NUMBER
* SUGGESTION - IF CAMERA AVAILABLE, PLEASE TAKE SCENE PHOTOS.						
MEMBER SPECIAL REQUESTS						

PLEASE ATTACH MEMBER REPORTS