



General Liability Claim Report

Date:

Member Name:

Telephone #:

Address:

Claim Contact:

Telephone #:

Certificate #:

Effective Date:

Loss Location:

Date & Time of Loss:

Location Code:

1 - Administration

2 - Police

3 - Fire

4 - Parks/Recreation

5 - Water/Sewer

6 - Streets/Highways

Is the loss location owned and/or maintained by the member?

If not, please explain:

Facts of loss:

Were there injuries?

If yes, please describe:

Injured claimant:

Telephone #:

Claimant's address:

Physician:

Hospital:

Witness Name:

Telephone #:

Witness Name:

Telephone #:

Police Department:

Report #:

Does the claimant have an attorney?

Telephone # of attorney (if applicable):

Please mail to:

Illinois Parks Association Risk Services
c/o Public Entity Risk Services (PERS)
Attn: Claims
5701 Greendale Road
Johnston, IA 50131
Phone: (866) 964-6257
Fax: (800) 693-9610
Email: makers@iparks.org

Report completed by:

Telephone #:

Email Address: