



## Police Professional Liability Claim Report

---

Date:  
Member Name: Telephone #:  
Address:  
Claim Contact: Telephone #:  
Certificate #: Effective Date:  
Date & Time of Loss:  
Officer Name: Telephone #:  
Claimant Name: Telephone #:  
Claimant Address:  
Does the claimant have an attorney?  
Attorney Name:  
Facts of Loss:

Location Code:                    1 - Administration                    2 - Police                    3 - Fire  
   4 - Parks/Recreation                    5 - Water/Sewer                    6 - Streets/Highways

Has a suit been filed?                    *(if yes, please attach paperwork to this report)*  
Date suit papers received:                    By whom?  
Inquiries:                    *(if yes, please describe the inquiries below)*

Witness Name:                    Telephone #:  
Please attach investigation reports and/or legal proceedings received as of this date.  
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: