



Property Loss Report

Date:

Member Name:

Telephone #:

Address:

Claim Contact:

Telephone #:

Certificate #:

Effective Date:

Loss Location:

Date & Time of Loss:

Facts of Loss:

Kind of Loss:

Fire

Theft

Lightning

Hail

Flood

Wine

Other (please explain)

Location Code:

1 - Administration

2 - Police

3 - Fire

4 - Parks/Recreation

5 - Water/Sewer

6 - Streets/Highways

Any prior damage?

If yes, please explain:

Property Location:

Bldg/Contents:

Amount:

Bldg/Contents:

Amount:

Witness Name:

Telephone #:

Witness Name:

Telephone #:

Police Department:

Report #:

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: