CLAIMS NOTICE									
POOL MEMBER:								_	
MEMBER ADDRESS:									
LIABILITY PROPERTY									
PLEASE ATTACH MEMBERS NOTICE OF CLAIM ORDINANCE OR	DATE OF NOTICE TO FUND MEMBER		CONTRACT NUMB		ER COVERA	AGE EFFECTIVE DATE		POOL MEMBER'S CONTACT	
PROVISION AND ANY WRITTEN NOTICE RECEIVED FROM CLAIMANT.								PHO	NE NUMBER
DATE & TIME OF ACCIDENT OR LOSS	AN	И □ PM	LOCATIO	ON OF ACC	CIDENT OR LOSS	S		_	CE INVESTIGATION?
DESCRIPTION OF ACCIDENT OR LOSS			_					<u> </u> Y	TES NO ATTACH REPORT
DESCRIBE DAMAGE TO POOL MEMBE	R'S PROPEI	RTY							
POOL MEMBER'S VEHICLE, YEAR, MA	DEL	L VEHICLE IDENTIFICATION NUMBER						LICENSE PLATE NUMBER	
ANY OTHER COVERAGE FOR THIS CLA	AIM INS	URANCE COME	PANY						POLICY NUMBER
YES NO NAME OF POOL MEMBER'S DRIVER		AGE	ADDRESS	S					HOME PHONE NUMBER
MEMBER'S DRIVER TITLE OR POSITIO	N MEM	RED VEHICLE	USED WITH	MEMBED'	'S PERMISSION	REPAIR ES	TIMATE		AMOUNT OF ESTIMATE
MEMBER S DRIVER TITLE OR FOSITIO	, ivilizivi	DER VEINGEE		NO	5 I ERMISSION	YES	□NO		AMOUNT OF ESTIMATE
DEPARTMENT	DEPARTM	ENT HEAD		SUPERV	ISOR		OFFICE P	HONE/E	EXTENSION
CLAIMANT NAME	ADDRESS				PHONE				
ADDITIONAL CLAIMANT NAME	ADDRESS				PHONE				
CLAIMANT AUTO: MAKE, YEAR, PLAT	E NO.	CAR OR PRO	PERTY INSU	URED?	COMPANY OR	AGENCY NAI	ME & POLIC	Y NUM	BER
LOCATION OF CLAIMANT'S VEHICLE	YE							R DAMAGE TO CLAIMANT VEHICLE	
	☐ YES ☐ NO			ESTIMATE				☐ YES ☐ NO	
NAME OF INJURED	ADDRESS			PHONE	NUMBER		EXTENT ()F INJU	RY
CLAIMANT OCCUPATION		CIABIAN	EMDLOVES			CIABALS	P DEL AMERICA	FO BOO	MEMBER EMBLOWEES
CLAIMANT OCCUPATION		CLAIMANT EMPLOYER				CLAIMANT RELATED TO POOL MEMBER EMPLOYEE?			
NAME OF WITNESS	ADDRESS	ADDRESS				PHONE NUMBER			
ADDITIONAL WITNESS	ADDRESS	ADDRESS				PHONE NUMBER			
*SUGGESTION – IF CAMERA AVAILABI	LE, PLEASE	TAKE SCENE I	PHOTOS			<u>I</u>			
MEMBER SPECIAL REQUESTS									

PLEASE ATTACH MEMBER REPORTS