Lisa Carey Dean
Director of Law

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LIABILITY LOSS CLAIM FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Date of Loss: _____

Please provide a complete statement accounting all details of the incident for which you are claiming relief.

_____

_____

_____

_____

Sheriff's report filed? _____ Yes _____ No

Witnesses (name, address, and phone number): _____

_____

Is there supporting documentation (photographs, receipts, videotape, etc.)? ____ Yes ____ No
If the answer is yes, please attach to this form.

Please provide estimate(s) for the repair and/or replacement and attach to this form.

_____ _____
Signature (please sign and print name) Date