Auto Physical Damage/Auto Liability Claim Report

Date:_____ **Claim Contact:**_____

Member Name:_____ **Member Telephone #:** _____

Address:_____

Street **City** **State** **Zip**

Claim Contact Telephone #:_____ **Certificate #:**_____

Effective Date:_____ **Loss Location:**_____

Date of Loss:_____**Time of Loss:**_____

Accident Facts:_____

_____

Member Vehicle		Claimant Vehicle
_____	**Year/Make/Model**	_____
_____	**VIN#**	_____
_____	**Vehicle Location**	_____
_____	**Name of Driver**	_____
_____	**Driver License #**	_____
_____	**Lien Holder/Owner**	_____
_____	**Is Vehicle Drivable?**	_____

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

Was the Member's vehicle used with permission? _____ **Yes** _____ **No**

Accident Witnesses/Phone:_____

Police Department:_____ **Report #:**_____

Attach if Available

Claimant(s) Address, Telephone #, and Injuries:_____

_____

_____

Please submit two written estimates per damaged vehicle.

Mail to: *Public Entity Risk Services of Ohio*
6500 Taylor Road
Blacklick, OH 43004

Fax #: *614-729-6046*
Phone#: *614-729-1600*
E-mail: *dhenry@persopool.com*

Report Completed By:_____ **Telephone #:**_____

General Liability Claim Report

Date:_____ **Claim Contact:**_____

Member Name:_____ **Claim Contact Telephone #:** _____

Address:_____
Street **City** **State** **Zip**

Certificate #:_____ **Effective Date:**_____

Date of Loss:_____**Time of Loss:**_____

Location 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? _____ **Yes** _____ **No**

If not, please explain:_____

Facts of Loss:_____

_____

Injuries?_____ **If yes, please describe:**_____

_____

Injured Claimant:_____ **Telephone #:**_____

Claimants Address:_____

Physician:_____ **Hospital:**_____

Witness Name:_____ **Telephone #:**_____

Witness Name:_____ **Telephone #:**_____

Police Department:_____ **Report #:**_____

Does claimant have an attorney?_____ **Attorney Name:**_____

Telephone # of the attorney (if applicable):_____

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Blacklick, OH 43004

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Phone#: 614-729-1600
E-mail: dhenry@persopool.com

Report Completed By:_____**Telephone #:**_____

Property Loss Report

Date:_____ **Claim Contact:**_____

Member Name:_____ **Member Telephone #:** _____

Address:_____
Street **City** **State** **Zip**

Claim Contact Telephone #:_____ **Certificate #:**_____

Effective Date:_____ **Loss Location:**_____

Date of Loss:_____**Time of Loss:**_____

Loss Facts:_____

_____

Kind of Loss: ☐ **Fire** ☐ **Theft** ☐ **Lightning** ☐ **Hail** ☐ **Flood** ☐ **Wind** ☐ **Other: explain**

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

_____

_____

Any prior damages? _____ **Yes** _____ **No** **If yes, please explain**_____

_____

Property Location:_____

Bldg/Contents_____ **Amount $**_____

Bldg/Contents_____ **Amount $**_____

Witnesses/Phone:_____

Police/Fire Department:_____**Report #:**_____
Attach if Available

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Report Completed By:_____**Telephone #:**_____