



Property Loss Report

Date:

Member Name: Telephone #:

Address:

Claim Contact: Telephone #:

Certificate #: Effective Date:

Loss Location: Date & Time of Loss:

Facts of Loss:

<u>Kind of Loss:</u>	Fire	Theft	Lightning	Hail	Flood
	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: