



## Public Officials and Employment Related Claim Report

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Date:

Member Name:

Telephone #:

Address:

Claim Contact:

Telephone #:

Certificate #:

Effective Date:

Loss Location:

Date & Time of Loss:

Facts of Loss:

Location Code:

1 - Administration

2 - Police

3 - Fire

4 - Parks/Recreation

5 - Water/Sewer

6 - Streets/Highways

Claimant Name:

Telephone #:

Claimant Address

Does the claimant have an attorney?

Attorney Name:

Telephone #:

Has a suit been filed?

*(if yes, please attach paperwork to this report)*

Date suit papers received:

By whom?

Type and amount of damages claimed, if known:

Please attach investigation reports and/or legal pleadings received as of this date.

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: