## **General Liability Claim Report**

Date:		Claim Contact:	
Member Name:		Claim Contact Telephone #:	
Address:			
	Street e #:	City	State Zip
Date of Lo	oss:	_Time of Loss:	
Location	of Loss:		
	Code: ☐ 1-Administration ☐ 2-Hets/Highways	Police 3-Fire 4-P	arks/Recreation   5-Water/Sewe
Is the loss	location owned and/or maintained	by the Member?	Yes No
If not, ple	ase explain:		
Facts of L	.oss:		
Injuries? If yes, please describe:			
Injured Claimant:		Telephone #:	
Claimant	s Address:		
Physician:		Hospital:	
Witness Name:		Telephone #:	
Witness Name:		Telephone #:	
Police Department: Report #:			
Does clair	nant have an attorney?	Attorney Name:	
Telephone	e # of the attorney (if applicable):_		
Send 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 #:	