



General Liability Claim Report

Date:

Member Name:

Telephone #:

Address:

Claim Contact:

Telephone #:

Certificate #:

Effective Date:

Loss Location:

Date & Time 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?

If not, please explain:

Facts of loss:

Were there injuries?

If yes, please describe:

Injured claimant:

Telephone #:

Claimant's address:

Physician:

Hospital:

Witness Name:

Telephone #:

Witness Name:

Telephone #:

Police Department:

Report #:

Does the claimant have an attorney?

Telephone # of attorney (if applicable):

Has a suit been filed?

(if yes, please attach paperwork to this report)

Date suit papers received:

By whom?

Type and amount of damaged claimed, if known:

Please mail to:

Public Entity Risk Services of Ohio (PERSO)

6500 Taylor Road

Blacklick, OH 43004

Phone: 866.907.3776 or 614.729.1600

Fax: 614.729.6046

Report completed by:

Telephone #:

Email Address: