



Police Professional Liability Claim Report

Date:
Member Name: Telephone #:
Address:
Claim Contact: Telephone #:
Certificate #: Effective Date:
Date & Time of Loss:
Officer Name: Telephone #:
Claimant Name: Telephone #:
Claimant Address:
Does the claimant have an attorney?
Attorney Name:
Facts of Loss:

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

Has a suit been filed? *(if yes, please attach paperwork to this report)*
Date suit papers received: By whom?
Inquiries: *(if yes, please describe the inquiries below)*

Witness Name: Telephone #:
Please attach investigation reports and/or legal proceedings received as of this date.
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: