



## 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:

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: