

CLAIM / INCIDENT REPORT FOR PROPERTY & LIABILITY

Submitted By:

Phone:

Email:

Date:

Certificate #:

DISTRICT NAME

NAME AND ADDRESS:		
LOCATION OF DAMAGE OR INCIDENT:		
WHAT COUNTY IS LOCATION IN?		
TYPE OF PROPERTY:		
DATE OF LOSS:	TIME OF LOSS:	AM
		PM

WHO TO CONTACT

DISTRICT OR MANAGEMENT COMPANY ADDRESS:	
CONTACT NAME:	
BUSINESS PHONE:	
CELL PHONE:	
EMAIL ADDRESS:	

INCIDENT INFORMATION

DAMAGE TO DISTRICT PROPERTY:	
BUILDING	EQUIPMENT
PERSONAL PROPERTY	VEHICLE
OTHER (EXPLAIN)	
DESCRIPTION OF LOSS:	
LOCATION OF LOSS:	
WHAT COUNTY IS LOCATION IN?	

DAMAGE TO ANOTHER PARTY:	
BODILY INJURY	CLAIM AGAINST DISTRICT
PROPERTY DAMAGE	EMPLOYEE MAKING CLAIM
OTHER (EXPLAIN)	
DESCRIBE DAMAGE:	
CONTACT NAME:	
CONTACT NUMBER:	
CONTACT EMAIL:	

ATTACHMENTS:

- | | |
|---|--|
| DEMAND LETTER/LAWSUIT
DISTRICT INCIDENT REPORT
POLICE/TRAFFIC REPORTS
PHOTOS OF DAMAGED PROPERTY | REPAIR BILLS/ESTIMATES
WITNESS INFORMATION/STATEMENT
OTHER (EXPLAIN) |
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Report all claims to: Sedgwick
 P.O. Box 14493
 Lexington, KY 40512

Toll-Free: 800-318-8870 Ext. 1
Fax: 833-784-2348
Email: cxcsd@sedgwick.com