|  |  |
| --- | --- |
| K:\Toirma\Underwriting\Logos\2011\Final Logos-Letterhead\T_Logo_notag_1807C.jpg  **CLAIM FORM**  *Submit claim form via email or fax to:*  *Email:* [*toirmaclaims@ccmsi.com*](mailto:toirmaclaims@ccmsi.com) *Fax: 217-444-2720* |  |
| Member: County: | Phone#: |
| Mailing address: | Fax#: |
| Contact name: Position: | Email: |
|  |  |
| Date of accident/incident: Time: Location: | |
| Description: | |
| Name of state agency/authorities responded: Report#: | |
|  | |
| **CLAIM TYPE** | |
| Auto – *licensed Township vehicle*.  *List Year/Make/Model/Vin#.* | |
| Inland Marine – *Mobile equipment/portable tools*.  *List Year/Make/Model/Vin#.* | |
| Property – *Building/Property in the Open*.  *List building name (as listed on property schedule) and physical address.* | |
| Cause & Description of Damage: | |
|  | |
| ***Complete this section if accident/incident involved another party:***  **TOWNSHIP DRIVER INFORMATION:**  Township driver’s name: Phone#: | |
| Seatbelt? Y or N List any passengers in Township vehicle: | |
| Any injuries? Citations issued? | |
| **OTHER PARTY’S INFORMATION:**  Name: Phone#: | |
| Address: Year, Make & Model: | |
| Any injuries? Citations issued? | |
| Description of damage: Drivable? Y or N | |
| Passenger(s) Names/Phone#s: | |
| **WITNESS INFORMATION:**  Names & Phone#s: | |
|  | |

Additional information/comments:

|  |
| --- |
|  |

**REPORT COMPLETED BY:**

|  |  |
| --- | --- |
| Name: Title: | Phone#: |

***A TOIRMA Claim Representative will contact you within 24-48 business hours after submission of this Claim Form. For immediate assistance, please call 800-252-5059 ext. 1418, ext. 1372, ext. 1263, ext. 1245, ext. 1191, ext. 1349.***