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| 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* *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:

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|  |

**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.***