

LOSS REPORTING FORM
 (FOR ALL CLAIMS REPORTED ON OR AFTER APRIL 1, 2010)

LOCAL GOVERNMENT PROPERTY INSURANCE FUND

**C/O CRAWFORD & COMPANY
 175 N PATRICK BLVD SUITE 100
 BROOKFIELD, WI 53045**

FAX: (262) 794-9153

TOLL FREE PHONE: (800) 873-7279

EMAIL: USPC.MILWAUKEE.WI@US.CRAWCO.COM

Instructions: Complete this form and email, mail or fax to Jamie Carlson (715) 485-9119. If available, attach a copy of the police report. Keep a copy of this form for your records. This form may be reproduced.

Major losses should be reported by phone. Call Crawford & Company 24 hours a day at:

After Hours Phone: (414) 659-4651

Complete this section:

Policy Number: V120048		Name as it Appears on Policy: Polk County Government Center			
Contact Person (for this claim): Jamie Carlson			Phone Number: 715-485-9165		
Fax Number: 715-485-9119			Email Address: Jamie.carlson@co.polk.wi.us		
Address: 100 Polk County Plaza #220		City: Balsam Lake		State: WI	Zip Code: 54810
Date of Loss (if unsure, use date discovered):		Time of Loss: : A.M. : P.M.	Estimated Amount of Loss (attach copy of estimate if available):		
Kind of Loss (check one): <input type="checkbox"/> Fire <input type="checkbox"/> Lightning <input type="checkbox"/> Wind <input type="checkbox"/> Hail <input type="checkbox"/> Glass Breakage <input type="checkbox"/> Vandalism (Other than Glass)				Type of Property (check one): <input type="checkbox"/> Building <input type="checkbox"/> Contents <input type="checkbox"/> Contractor <input type="checkbox"/> Equipment <input type="checkbox"/> Other – Describe	
<input type="checkbox"/> Water Damage <input type="checkbox"/> Damage by Vehicle <input type="checkbox"/> Collision – Vehicle <input type="checkbox"/> Comprehensive – Vehicle <input type="checkbox"/> Other – Describe		<input type="checkbox"/> Property in the Open <input type="checkbox"/> Money <input type="checkbox"/> Vehicle			
Location of Loss:					
Description of Loss and Damage:					
Remarks:					
Print Name:				Title:	
Signature:				Date:	