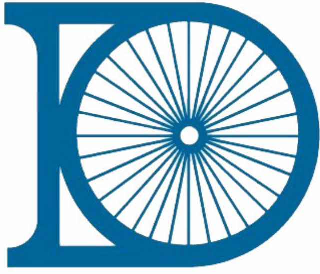

Administrative Services
Phone: (740) 203-1025
Fax: (740) 203-1049

Proof of Loss Claim Form

1. General Information:

Name____

Address____

City_______________________ State_____________ Zip Code ________________

Home Phone (_____)___________________ Work Phone (_____)________________

Employer ____

Address ____

City ________________________ State _____________ Zip Code ________________

2. Date of Incident: _____________________

3. Location Incident Occurred: ______________________________________

4. Property Damage:

Two written estimates for each item to be repaired must accompany this claim form.

Name/description of item	Date purchased	Description of damage	Cost of repair

5. Medical Expenses:

Please enclose copies of each medical bill itemized.

Doctor/Hospital (include name and address)	Amount
____	____________
____	____________
____	____________

6. Description of how injury or loss occurred. Please be specific:

____

____

____

7. Witnesses:

Name	Address/City/State/Zip	Phone
__________________	___________________________	_____________
__________________	___________________________	_____________

8. Insurance Coverage:

Failure to complete this section may result in delay of your claim.

Name of Carrier_________________________ Policy Number ______________

Mailing Address_________________________ Phone (_____)______________

Are you required to pay a deductible? ____________
If so, how much? _____________

9. **Are you aware of any other party who may have been responsible for your loss?** If so, please list that information here:

Name____

Address ____

City _______________________ State_________ Zip Code _____________

10. **If you are claiming property damage, were you the owner of the property?** ____________

11 **Are you involved in any other claim(s), lawsuits(s), or dispute(s) with the City of Delaware?** If so, please list details here:

____

____

____

12. **Are you currently indebted to the City of Delaware (i. e. tax bills, utility bills, traffic tickets, etc.)?** If so, please explain here:

____

____

____

IMPORTANT: Any person who with intent to defraud or knowing that they are facilitating a fraud against any individual or corporation, public or private, submits documentation in filing a claim containing false or deceptive statements is guilty of fraud.

Signature ___________________________________ Date _____________________