



**PROOF OF LOSS CLAIM FORM**  
(For External Use)

Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Date of incident: \_\_\_\_\_ Approximate Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of how damage or injury occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Description of Item	Description of Damage	Cost of Repair

Names and phone numbers of any witnesses: \_\_\_\_\_  
\_\_\_\_\_

Did police investigate the accident? If so, provide name of officers or police report number)  
\_\_\_\_\_  
\_\_\_\_\_

Was anyone injured? If yes, describe injuries. Please include copies of each itemized medical bill.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Coverage:

Name of Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you required to pay a deductible? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Are you aware of any other party that may be responsible for your loss? If so, list the information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

If you are claiming property damage, are you the owner of the property? \_\_\_\_\_

Are you involved in any other claims, lawsuits, or disputes with the City of Delaware? If so, please list details here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form can be emailed to [riskmanagement@delawareohio.net](mailto:riskmanagement@delawareohio.net) or returned by mail to the following address:

City of Delaware  
Attn: Kim Gepper  
1 S. Sandusky St.  
Delaware, OH 43015

Once your claim is received it will be investigated by the appropriate department(s). After their investigation is completed, all documentation will be forwarded to our insurance service for handling. Should you have any questions concerning your claim, please contact: Alycia Ballone at (740) 203-1231 or Kim Gepper (740) 203-1011

**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.

Revised 04.03.25