

Police Professional Liability Claim Report

Date: _____ Member Name: _____

Claim Contact: _____ Telephone #: _____

Member Address: _____

Street City State Zip
Certificate #: _____ Effective Date: _____

Date of Loss: _____ Time of Loss: _____

Name of Officer: _____ Telephone #: _____

Name of Claimant: _____ Telephone #: _____

Claimant Address: _____

Does the Claimant have an attorney? _____ Yes _____ No

Attorney Name: _____ Telephone #: _____

Facts of Loss: _____

Location Code: 1-Administration 2-Police 3-Fire 4-Parks/Recreation 5-Water/Sewer
 6-Streets/Highways

Has a suit been filed? _____ Yes _____ No

If yes, please attach the suit papers to this report.

Date suit papers received: _____ By Whom: _____

Inquiries? _____ Yes _____ No If yes, please describe the inquiries below.

Witness Name: _____ Telephone #: _____

Note: Please attach Investigation Reports and/or Legal Pleadings received as of this date.

Mail to: Public Entity Risk Services of Ohio Fax #: 614-729-6046
6500 Taylor Road Blacklick, OH 43004 Phone#: 614-729-1600

Report Completed By: _____ Telephone #: _____