



To report a claim, please call
800-252-5059
with the following information

TOWNSHIP - TOWING/GLASS CLAIM

- ✓ Township Name & County
- ✓ Mailing Address
- ✓ Phone#
- ✓ Date of Loss
- ✓ Year, Make & Model of Vehicle/Equipment

TOWNSHIP - AUTO/INLAND MARINE/PROPERTY

- ✓ Township Name & County
- ✓ Mailing Address
- ✓ Phone#
- ✓ Date of Loss
- ✓ Year, Make & Model of Vehicle/Equipment
- ✓ Address of Property Damaged
- ✓ Description of How Damage Occurred
- ✓ Description of Damage
- ✓ Township Driver Name & Phone#

LIABILITY CLAIM

- ✓ Township Name & County
- ✓ Mailing Address
- ✓ Phone#
- ✓ Date of Loss
- ✓ Time
- ✓ Location
- ✓ Description of Incident
- ✓ Name, Address, Phone# of party claiming damage or injury
- ✓ Witness Name and Phone#
- ✓ Authorities & Report#

WORKERS COMPENSATION CLAIM

- ✓ Township Name & County
- ✓ Mailing address
- ✓ Phone#
- ✓ Date of Loss
- ✓ Time
- ✓ Location
- ✓ Employee Name, Address, Phone#
- ✓ Employee DOB, SSN & Date of Hire
- ✓ Employee's Direct Supervisor
- ✓ Employee's Job Description
- ✓ Description of Injury
- ✓ Body Part Involved
- ✓ Witness Information
- ✓ Treatment Facility Information
- ✓ Wage Statement if Lost Time

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