

**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

**CLAIM STAFF**

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