



CONTACTS

TOWNSHIP OFFICIALS OF ILLINOIS RISK MANAGEMENT ASSOCIATION

CLAIM REPORTING HOTLINE

(844) 562-2720 | Available 24/7 | toirma.org/claims-management

ADMINISTRATION	CUSTOMER SERVICE	CLAIMS	LOSS CONTROL
<p>Jim Donelan <i>Executive Director</i> (217) 744-8010 Phone (217) 744-8011 Fax jdolan@toirma.org</p>	<p>Maritza Simon <i>Underwriting Tech</i> (217) 444-1204 Phone (217) 477-6604 Fax maritza.simon@ccmsi.com</p>	<p>Heather Lane <i>Claim Associate</i> (217) 444-1102 Phone (217) 477-7457 Fax heather.lane@ccmsi.com</p>	<p>Bailey Ellison <i>Claim Representative</i> (217) 444-1418 Phone (217) 477-3038 Fax bellison@ccmsi.com</p>
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3217 Northfield Drive, Springfield, IL 62702-1400 • (888) 562-7861

Human Resources Help Line

(888) 472-6785 (All calls promptly returned within 24 hours.)

All TOIRMA members have access to Human Resources professionals to assist in answering employment-related questions and issues.

The Human Resources Help Line covers many areas such as: Discipline & Documentation • Legal Termination • Discrimination

Another service brought to you by TOIRMA.

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To report a claim, please call (844) 562-2720 with the following information:

*** TOWNSHIP - TOWING/GLASS CLAIM**

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

*** 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 & 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

*** 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#

CLAIMS

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