

CLAIM / INCIDENT REPORT FOR PROPERTY & LIABILITY

Submitted By:

Phone:

Email:

Date:

Certificate #:

DISTRICT NAME

NAME AND ADDRESS:		
LOCATION OF DAMAGE OR INCIDENT:		
TYPE OF PROPERTY:		
DATE OF LOSS:	TIME OF LOSS:	AM PM

WHO TO CONTACT

DISTRICT OR MANAGEMENT COMPANY ADDRESS:
CONTACT NAME:
BUSINESS PHONE:
CELL PHONE:
EMAIL ADDRESS:

INCIDENT INFORMATION

DAMAGE TO DISTRICT PROPERTY:

BUILDING	EQUIPMENT
PERSONAL PROPERTY	VEHICLE
OTHER (EXPLAIN)	

DESCRIPTION OF LOSS:

LOCATION OF LOSS:

DAMAGE TO ANOTHER PARTY:

BODILY INJURY	CLAIM AGAINST DISTRICT
PROPERTY DAMAGE	EMPLOYEE MAKING CLAIM
OTHER (EXPLAIN)	

DESCRIBE DAMAGE:

CONTACT NAME:

CONTACT NUMBER:

CONTACT EMAIL:

ATTACHMENTS:

DEMAND LETTER/LAWSUIT	REPAIR BILLS/ESTIMATES
DISTRICT INCIDENT REPORT	WITNESS INFORMATION/STATEMENT
POLICE/TRAFFIC REPORTS	OTHER (EXPLAIN)
PHOTOS OF DAMAGED PROPERTY	

Report all claims to: TRISTAR Risk Management, Inc. (TRISTAR)
P.O. Box 2805
Clinton, IA 52733-2805

Toll-Free: 800-318-8870 Ext. 1
Fax: 720-962-0301
Email: CSDPool@tristargroup.net