

MAIL TO:
Chicago Park District
Attn: Risk Management
541 N. Fairbanks Court
Chicago, IL 60611

CHICAGO PARK DISTRICT PROPERTY DAMAGE – CLAIM FORM



TODAY'S DATE:		CPD USE ONLY:	
CLAIMANT'S INFORMATION – PROPERTY OWNER OF RECORD			
LAST NAME:		FIRST NAME:	MIDDLE NAME:
ADDRESS:			APT NO.
CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER (DAY/EVENING):
CLAIMANT'S INSURANCE INFORMATION			
NAME OF INSURANCE COMPANY:		NAME OF AGENT:	TELEPHONE NUMBER:
NAME OF POLICY HOLDER:		POLICY NUMBER:	POLICY PERIOD:
			FROM: TO:
HAVE YOU SUBMITTED A CLAIM?	YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU RECEIVED AN INSURANCE PAYMENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
			IF YES, AMOUNT RECEIVED FROM INSURANCE CARRIER... \$
INCIDENT INFORMATION			
DATE OF INCIDENT:	TIME OF INCIDENT:	LOCATION OF ACCIDENT (ADDRESS/INTERSECTION):	
WERE THERE WITNESSES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	WAS THERE A POLICE REPORT FILED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
			REPORT NO.:
NAME OF WITNESS:		ADDRESS:	TELEPHONE NUMBER:
DESCRIPTION OF INCIDENT			
SIGNATURE OF CLAIMANT			
<p>THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO PROVIDE A COMPLETED CLAIM FORM <u>AND</u> SUPPORTING DOCUMENTATION (PHOTOS, ESTIMATES, PAID BILLS, RECEIPTS, ETC..) MAY RESULT IN THE DELAY AND/OR DENIAL OF MY CLAIM. I FURTHER ACKNOWLEDGE THAT SUBMISSION OF CLAIM FORM DOES NOT CONSTITUTE APPROVAL OF CLAIM.</p>			
PHOTOS ATTACHED	YES <input type="checkbox"/> NO <input type="checkbox"/>	WHAT IS THE TOTAL AMOUNT OF YOUR CLAIM...?	\$
TWO ESTIMATES ATTACHED (ITEMIZED)	YES <input type="checkbox"/> NO <input type="checkbox"/>	CLAIMANT SIGNATURE	DATE
PAID BILLS ATTACHED	YES <input type="checkbox"/> NO <input type="checkbox"/>		