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# Liability Claim Form

# League of Minnesota Cities Insurance Trust (LMCIT)

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| --- | --- | --- | --- |
| Send To | LMCIT Claims145 University Ave WSt. Paul MN 55103-2044 | PhoneFax | (651) 281-1287(800) 925-1122(651) 281-1297 |
|  |  | Email | claims@lmc.org |

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| --- |
| Contact Information |

|  |  |
| --- | --- |
| Today’s Date |  |
| Member (City / Entity) Name |  |
| Member (City / Entity) Address (Street, City, State, Zip) |  |
| Contact Person |  |
| Contact Person Phone Number |  |

|  |
| --- |
| Covenant Information |

|  |  |
| --- | --- |
| Covenant Number (if known) |  |
| Covenant Period (if known) |  |

|  |
| --- |
| Occurrence Information |

|  |  |
| --- | --- |
| Date of Occurrence |  |
| Time of Occurrence (am/pm) |  |
| Description of Occurrence |  |

|  |
| --- |
| Damage / Injury Information |

|  |  |
| --- | --- |
| (1) Name & Address (Street, City, State, Zip) |  |
|  Phone Number |  |
|  Description of Damage / Injury |  |
| (2) Name & Address (Street, City, State, Zip) |  |
|  Phone Number |  |
|  Description of Damage / Injury |  |

|  |
| --- |
| Additional Information / Comments |

|  |
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|  |

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| --- |
| Signature |

|  |  |
| --- | --- |
| Reported By |  |
| Signature |  |
| Date |  |