#

# Property Claim Form

# League of Minnesota Cities Insurance Trust (LMCIT)

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |
| --- |
| 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) |  |
| Name of and/or Description of Damaged Property |  |

|  |
| --- |
| Loss Information |

|  |  |
| --- | --- |
| Date of Loss |  |
| Time of Loss (am/pm) |  |
| Reported Previously? |  |
| Location of Loss |  |
| Estimated Amount of Loss |  |
| Description of Loss |  |

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

|  |
| --- |
|  |

|  |
| --- |
| Signature |

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