

Mail to: Chicago Park District
 Attn: Risk Management
 4830 S. Western Ave
 Chicago, IL 60609
Fax: (312) 742-5316
Email: riskmanagement@chicagoparkdistrict.com



CHICAGO PARK DISTRICT PROPERTY DAMAGE – CLAIM FORM

					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	NO	HAVE YOU RECEIVED AN INSURANCE PAYMENT?	YES	NO	IF YES, AMOUNT RECEIVED FROM INSURANCE CARRIER... \$
INCIDENT INFORMATION						
DATE OF INCIDENT:		TIME OF INCIDENT:		LOCATION OF ACCIDENT (ADDRESS/INTERSECTION):		
WERE THERE WITNESSES?	YES	NO	WAS THERE A POLICE REPORT FILED?	YES	NO	REPORT NO.:
NAME OF WITNESS:		ADDRESS:			TELEPHONE NUMBER:	
DESCRIPTION OF INCIDENT						
SIGNATURE OF CLAIMANT						
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.						
PHOTOS ATTACHED	YES	NO	WHAT IS THE TOTAL AMOUNT OF YOUR CLAIM...?			\$
TWO ESTIMATES ATTACHED (ITEMIZED)	YES	NO	CLAIMANT SIGNATURE			DATE
PAID BILLS ATTACHED	YES	NO				