



Claim Manager
Service Director's Office
116 3rd Street (rear)
Dover, OH 44622
(330) 343- 6725

Proof of Loss Claim Report

1. General Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

2. Date of Incident: _____

3. Location Incident Occurred: _____

4. Property Damage:

Two written estimates for each item to be repaired must accompany this claim form.

Name/description of item	Date Purchased	Description of damage	Cost of Repair

5. Medical Expenses:

Please enclose copies of each medical bill itemized.

Doctor/Hospital (include name and address)	Amount
_____	_____
_____	_____
_____	_____

6. Description of how injury or loss occurred. Please be specific:

7. Witnesses:

Name	Address/City/State/Zip	Phone
_____	_____	_____
_____	_____	_____

8. Insurance Coverage *IMPORTANT* - (This section must be completed to consider your claim)

Failure to complete this section may result in denial of your claim.

Name of Insurer _____ Policy Number _____

*Name of Agent _____

Mailing Address _____ Phone () _____

Are you required to pay a deductible? _____

If so, how much? _____

9. Are you aware of any other party who may have been responsible for ANY part of your loss? If so, please list that information here:

Name _____

Address _____

City _____ State _____ Zip Code _____

10. If you are claiming property damage, were you the owner of the property? _____

11. Are you involved in any other claim(s), lawsuits(s), or dispute(s) with the City of Dover? If so, please list details here:

12. Please describe EXACTLY why you feel the City of Dover is negligent and therefore responsible for your claim? Please explain here: (Please be specific)

IMPORTANT: Any person who with intent to defraud or knowing that they are facilitating a fraud against any individual or corporation, public or private, submits documentation in filing a claim containing ANY false or deceptive statements is guilty of fraud.

This form MUST be signed by the person making the claim against the City

Signature _____ Date _____