CLAIM FORM



ACCA LIABILITY SELF-INSURANCE FUND, INC.



EMAIL: liabilityclaims@countyrisk.org

USE THIS FORM FOR ALL LOSSES AND INCIDENTS OTHER THAN AUTOMOBILE

Member/County:	Date Reported:
Person Completing Form/Dept./Phone #:	
Claimant Name:	Claimant Phone #:
Address:	
Any incident involving bodily injury should be rep at 888-608-2009 or 334-39	
Please complete the questions below and on the reverse side of and provide any estimates or other documentation available upo	,
Please give a description of the accident/incident:	
Where did this accident/incident occur?	
When did this accident/incident occur?	
What property was damaged?	

Please make sure you also complete the reverse side of this form.

COMPLETE THIS SECTION IF THERE WERE ANY BODILY INJURIES

INJURED:	
Name:	Phone:
Address:	
Injuries:	
Forward any related documen	and/or information that may be helpful in resolving this incident to CRS, Inc.
Additional Comments:	
WITNESSES:	
1) Name:Address:Phone #:	Address:
3) Name:Address:Phone #:	4) Name:Address:Phone #:

Mail completed form to:

County Risk Services, Inc. P.O. Box 589 Montgomery, AL 36101-0589

Or email to:

liabilityclaims@countyrisk.org