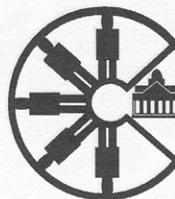


LOSS NOTICE



**CONNECTICUT
INTERLOCAL
RISK
MANAGEMENT
AGENCY**

SEND TO: CIRMA
P.O. BOX 9558
NEW HAVEN, CT 06535-0558

LIABILITY • AUTOMOBILE • PROPERTY POOL

	CERT/POL NO.	EFF. DATE	
INSURED	NAME	PERSON TO CONTACT	PHONE
	ADDRESS		DEPT.
CLAIMANT	NAME	HOME PHONE	BUSINESS PHONE
	ADDRESS		
LOSS OR ACCIDENT	DATE & TIME OF LOSS	LOSS LOCATION	
	DETAILS OF LOSS OR ACCIDENT		
INSURED VEHICLE	YEAR-MAKE-MODEL	VEHICLE ID NO.	LIC. NO.
	OPERATOR NAME	AGE	SOC. SEC. NO. PHONE
	ADDRESS	IMMEDIATE SUPERVISOR	PHONE
	DESCRIPTION/LOCATION OF DAMAGE		REPAIR EST.
CLAIMANT VEHICLE	YEAR-MAKE-MODEL	VEHICLE ID NO.	LIC. NO.
	DESCRIBE DAMAGE	REPAIR EST.	WHERE LOCATED
	OPERATOR NAME	ADDRESS: PHONE	
	OWNER (IF DIFFERENT)	ADDRESS: PHONE	
INJURED	NAME	AGE	SOC. SEC. NO. PHONE
	ADDRESS	EMERGENCY MED. SER.	TREATING PHYSICIAN
	INJURY		
INJURED	NAME	AGE	SOC. SEC. NO. PHONE
	ADDRESS	EMERGENCY MED. SER.	TREATING PHYSICIAN
	INJURY		
1ST OR 3RD PARTY PROPERTY DAMAGE	OWNER (IF OTHER THAN INSURED)	HOME PHONE	BUSINESS PHONE
	ADDRESS		
	PROPERTY DAMAGE DESCRIPTION		
WITNESSES	NAME	ADDRESS	PHONE
	NAME	ADDRESS	PHONE
REMARKS			
REPORTED BY			
	NAME	PHONE	DATE