

ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA

LIABILITY SELF-INSURANCE FUND, INC.

**CLAIM FORM**

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| --- |
| USE THIS FORM FOR AUTOMOBILELOSSES AND AUTO-RELATED INCIDENTS ONLY |

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| --- | --- |
| Participant/County:       | Date Reported:       |

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| --- |
| Person completing form/Dept./Phone #:       |

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| --- |
| Date and Time of Accident:       |

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| --- |
| Location of Accident:       |

***Any incident involving bodily injury should be telephoned to Meadowbrook Inc.***

***(1-800-536-7702 or 334-954-7200) immediately.***

Please complete the questions below and on the reverse side of this form to the best of your knowledge and provide any estimates or other documentation available upon reporting.

COUNTY VEHICLE OTHER VEHICLE

|  |  |  |
| --- | --- | --- |
| Driver:       |  | Driver:       |
| Address:       |  | Address:       |
|       |  |       |
| Telephone:       |  | Telephone:       |
| Driver’s License #:       |  | Driver’s License #:       |
| Date of Birth:       |  | Date of Birth:       |
| Owner of Vehicle:       |  | Owner of Vehicle:       |
| Make, Model and Year of Vehicle:       |  | Make, Model and Year of Vehicle:       |
|       |  |       |
| Last 6 of VIN #:       |  | Last 6 of VIN #:       |
| Tag Number:       |  | Tag Number:       |

Description:

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| COMPLETE THIS SECTION IF THEREWERE ANY BODILY INJURIES |

INJURED

|  |  |
| --- | --- |
| Name:       | Phone:       |

|  |
| --- |
| Address:       |

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| Injuries:       |
|       |

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| Doctor or Hospital:       |

***Forward any related documents and/or information that may be***

***helpful in resolving this situation to Meadowbrook, Inc.***

Additional Comments:

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WITNESSES:

|  |  |  |
| --- | --- | --- |
| 1) Name:       |  | 2) Name:       |
|       |  |       |
| Address:       |  | Address:       |
|       |  |       |
| Phone #:       |  | Phone #:       |
|  |  |  |
| 3) Name:       |  | 4) Name:       |
|       |  |       |
| Address:       |  | Address:       |
|       |  |       |
| Phone #:       |  | Phone #:       |

**Mail completed form to:**

**Meadowbrook Insurance Group**

**P.O. Box 11047**

**Montgomery, AL 36111**

**Or e-mail to:**

**mmacon@meadowbrook.com**

**with copy to:**

**ginger.conway@meadowbrook.com**