

ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA

LIABILITY SELF-INSURANCE FUND, INC.

**CLAIM FORM**

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| USE THIS FORM FOR ALL LOSSES ANDINCIDENTS OTHER THAN AUTOMOBILE |

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

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

|  |  |
| --- | --- |
| Claimant name:       | Claimant phone:       |

|  |
| --- |
| Address:       |

***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.

Please give a description of the accident/incident:

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| Where did this accident/incident occur?       |

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| --- |
| When did this accident/incident occur?       |

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| --- |
| What property was damaged?       |

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

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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**