



ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA

LIABILITY SELF INSURANCE FUND

CLAIM FORM

USE THIS FORM FOR ALL LOSSES AND INCIDENTS OTHER THAN AUTOMOBILE

Participant/County: _____ Date Reported: _____

Person completing form: _____

Date and Time of Accident: _____

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.

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:

Doctor or Hospital:

*Forward any related documents and/or information that may be
helpful in resolving this situation to Meadowbrook, Inc.*

Additional Comments:

WITNESSES:

1) Name:
Address:
Phone #:

2) Name:
Address:
Phone #:

3) Name:
Address:
Phone #:

4) Name:
Address:
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:
ddennis@meadowbrook.com