



**Statewide Services, Inc.**  
**Claim Division**  
**24 Hour Telephone: 877-204-9712**  
**FAX: 800-858-1536**  
**Email: [StatewideClaimsReporting@statewidesvcs.com](mailto:StatewideClaimsReporting@statewidesvcs.com)**

**NOTICE OF:**

- CLAIM (submitted for consideration of payment)
- INCIDENT NOTICE (Record of purpose – may develop into claim)

<b>INSURED INFORMATION</b>			
Insured Name:			
Contact Person:		Title/Position:	
Address:		Phone #:	
Email Address:		Fax #:	

(If applicable) Add'l Contact Person:		Title/Position:	
Phone #:		Email Address:	
Fax #:			

<b>LOSS INFORMATION – DESCRIBE HOW LOSS OCCURRED</b>			
<i>ATTACH ADDITIONAL COPIES AS NEEDED</i>			
REPORTED TO (POLICE OR FIRE DEPT.)		REPORT #	
LOCATION OF CLAIM/INCIDENT	DATE OF CLAIM/INCIDENT	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE INSURED NOTIFIED
<b>Department/Operation</b>			
<input type="checkbox"/> Admin/General Operations	<input type="checkbox"/> Fire Dept. - Volunteer	<input type="checkbox"/> Public Works – Tree Care	
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Police	<input type="checkbox"/> Public Works – Other	
<input type="checkbox"/> Electric Utility	<input type="checkbox"/> Public Works – Park & Rec.	<input type="checkbox"/> Water Utility	
<input type="checkbox"/> EMS	<input type="checkbox"/> Public Works – Streets-Snow/Maintenance	<input type="checkbox"/> Transit _____	
<input type="checkbox"/> Fire Dept. – Paid	<input type="checkbox"/> Public Works – Sewer & Water	<input type="checkbox"/> Other _____	

<b>PROPERTY OF OTHERS LOSS INFORMATION</b>		
DESCRIBE PROPERTY (If auto, include year, make, model, plate no.)	OTHER VEHICLE / PROPERTY. INS? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY OR AGENCY NAME & POLICY NO.
OWNER'S NAME & ADDRESS	BUSINESS PHONE	RESIDENCE PHONE
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?

<b>INJURED</b>						
NAME & ADDRESS	PHONE (A/C, No.)	PED	INS. VEH.	OTHER VEH.	AGE	EXTENT OF INJURY

  

<b>WITNESSES</b>		
NAME & ADDRESS	BUSINESS PHONE	RESIDENCE PHONE

<b>INSURED VEHICLE AUTO LOSS INFORMATION</b>			
VEH. NO.	YEAR, MAKE, MODEL	V.I.N. (VEHICLE IDENTIFICATION)	PLATE NO.
DRIVER'S NAME		RESIDENCE PHONE	BUSINESS PHONE
DESCRIBE DAMAGE	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	PURPOSE OF USE
	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	

FORM COMPLETED BY: \_\_\_\_\_:

PLEASE FORWARD THIS REPORT TO:

STATEWIDE SERVICES, INC.  
 CLAIM DIVISION  
 PO Box 5555  
 Madison, WI. 53705-0555

OR by FAX to 800- 858- 1536

OR by Email to: [StatewideClaimsReporting@statewidesvcs.com](mailto:StatewideClaimsReporting@statewidesvcs.com)

If a loss involves bodily injury, major property damage or a lawsuit, please call STATEWIDE SERVICES, INC, CLAIM DIVISION @ 1-877-204-9712. We will take the loss information from you or instruct you further as to what is necessary to do.