



CONNECTICUT  
INTERLOCAL  
RISK  
MANAGEMENT  
AGENCY

## LOSS NOTICE

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

LIABILITY • AUTOMOBILE • PROPERTY POOL

		CERT/POL NO. 2009001610	EFF. DATE July 1, 2010
INSURED	NAME Town of Glastonbury	PERSON TO CONTACT Lori Riley	PHONE 860-652-7703
	ADDRESS 2155 Main Street, Glastonbury, CT 06033	DEPT. Facilities	
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. \$	WHERE LOCATED
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.	THREATING PHYSICIAN
	INJURY		
INJURED	NAME	AGE	SOC. SEC. NO. PHONE
	ADDRESS	EMERGENCY MED. SER.	THREATING PHYSICIAN
	INJURY		
1 <sup>ST</sup> OR 3 <sup>RD</sup> 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