



# City of Lawrence

## CLAIM FORM

Risk Management Use Only	
Event # _____	
Claim # _____	
Claim Type: <input type="checkbox"/> Property <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Auto Property <input type="checkbox"/> Other	

*This form must be completed by persons making a claim with the City of Lawrence. The term "event" refers to the circumstances you allege to be the cause of the injury or damages to your property.*

PROCEDURES REQUIRED BY KANSAS STATUTE UNDER THE KANSAS TORT CLAIMS ACT
<p>A. Claims for damages to or for loss or destruction of property or for personal injury against a city must be submitted in writing to the city (K.S.A. 12-105b).</p> <p>B. All items on this form must be completed. Insert the word "NONE" where applicable.</p> <p>C. Following receipt of this claim the City has up to 120 days to review it and make a determination.</p> <p>D. Your claim is deemed denied if no action is taken within 120 days following the filing of your claim.</p> <p>E. If you do not fully understand your rights and duties in making this claim, you should consult an attorney.</p> <p>F. Direct questions to the Risk Management Office, 746 Kentucky, 2nd Floor, (785) 832-3010</p> <p>G. The acceptance or filing of this form does not constitute payment of your claim. The City will review it according to applicable law.</p> <p style="text-align: center;"><b>Return this form to: City Clerk's Office, City Hall, 6 E. 6th Street, Lawrence, KS 66044</b></p>

CLAIMANT	
Name _____	Home Phone _____
Address _____	Work Phone _____
City _____ State _____ Zip _____	SSN# _____

Date of Event _____	Name of City Employee(s) / Department Involved in Event (if known) _____ _____
Time of Event _____ AM/PM	
Location of Event _____	

**BASIS OF CLAIM ALLEGATION:** (State below, in detail, all known facts and circumstances relating to the damage or injury to persons and property involved and the cause thereof. Attach an additional sheet if necessary.)

**NATURE AND EXTENT OF DAMAGE/INJURY ALLEGATION**

Empty box for describing the nature and extent of damage or injury.

For property damage, do you own or lease the property? \_\_\_\_\_

For auto property damage, is the vehicle owned or leased? \_\_\_\_\_

Whose name appears on the title? \_\_\_\_\_

**MEDICAL PROVIDERS**

If medical treatment was sustained as a result of this incident, provide the names, addresses, and phone numbers of physicians and medical treatment

Empty box for listing medical providers.

**WITNESSES**

Were there any witnesses to the event? If so, please list the witness's name, address, and phone number.

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____

**INSURANCE COVERAGE**

Do you have Insurance Coverage? \_\_\_\_\_ YES \_\_\_\_\_ NO

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Type of Coverage \_\_\_\_\_

What is your Agent's name: \_\_\_\_\_

Have you filed a claim with you Insurance Agent as a result of this incident? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, is it Full Coverage or Deductible? \_\_\_\_\_ Full Coverage \_\_\_\_\_ Deductible

**CLAIMANT'S REPRESENTATIVE**

Have you authorized any other person besides yourself to act on your behalf in settling this claim? If yes, please fill out the following:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relation to Claimant \_\_\_\_\_

**AMOUNT OF CLAIM**

Property Damage or Loss	\$ _____	<i>Attach itemized list and estimate</i>
Auto Property Damage	\$ _____	<i>Attach 3 estimates and a copy of the front and back of the title to the vehicle</i>
Bodily Injury Expenses	\$ _____	<i>Attach itemized invoices and medical records</i>
<b>TOTAL</b>	\$ _____	

I CERTIFY THAT THIS IS A TRUE AND ACCURATE STATEMENT OF THE EVENTS LEADING TO THIS CLAIM. I FURTHER CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE EVENT ABOVE.

Signature \_\_\_\_\_ Date \_\_\_\_\_