

City of Rockford Claim Form Instructions

General Instructions

Please complete the entire claim form in a legible manner. A typed or printed claim form is preferable to one that is in cursive handwriting. You are responsible for the document's legibility. If we cannot read your handwriting, we cannot pay your claim. Please remember that you are filing a claim against the City of Rockford. No matter what you have been told or by whom, no decision to pay your claim has yet been made. Your claim will be submitted to our third party administrator or TPA, which is PMA for processing and then sent for investigation. Sometimes, our TPA will require more information than that which you have provided. If they contact you for more information, please call them back promptly. Once an investigation has been completed, they will contact you in writing with a decision on your claim.

Claimant Name

If you are filing this claim on behalf of a business or corporation, please provide the name of the contact person for the business. If you are filing this claim as an insurance company, please provide the name, date of birth, address, and phone number of your insured.

Claimant Address

Please provide your street address, street type (road, avenue, trail, etc.) and unit or apartment number, if applicable. If you move, please provide your new address to us immediately. If our TPA cannot contact you, they will deny your claim.

Claimant Phone

Please provide your home telephone, work telephone and/or a mobile telephone number.

Date of Incident

This is the date on which the damage to your property or person occurred. Please be as specific as possible. Without this date or a reasonably narrow date range, your claim will be denied.

Time of Incident

Please be as specific as you can. This information is critical in most cases involving property damage to a vehicle.

Place of Incident

This is perhaps the most important information you can provide. Again, you must be specific. At a bare minimum, we will require the street on which the damage occurred, driving direction, lane you were in and nearest cross streets. However, in most cases, this is not enough information. Whenever possible please include the nearest address, hundred block of the street or closest intersection to where your damage occurred. For example, the pothole was located in front of 1929 East State Street near its' intersection with 20th Street in the northernmost westbound lane, approximately 10 feet from the curb line. Please do not provide us with the name of a business or landmark without its' street address. Without specific information in regard to potholes and other roadway defects, your claim will be denied.

Description

Please use this space to provide a brief, detailed description of the occurrence, which caused the damage you are claiming. Please write this information as if you were explaining your claim to someone who had never heard anything about it before.

Estimates and Bills

Please attach two (2) estimates or the bill that will serve to verify the amount that you are claiming for damages. A claim will seldom be paid without this verification. Please be reasonable in the amount of damages claimed. Remember, it is better to err on the side of providing too much documentation for your claim rather than too little. The more information our TPA has at its disposal, the more likely it becomes that you will be reimbursed for your damages. Thank you.

Please contact Nora at 815-987-5540 for more information or clarification on these instructions.

Claim Forms can initially be mailed or faxed to the City of Rockford Legal Department.

City of Rockford Legal Department
425 E. State Street, 7th Floor
Rockford, Illinois 61104

Fax # (815) 967-6949

After initial submission of your claim, the TPA will contact you to verify receipt.

