



ADMINISTRATIVE OFFICES

101 – 14th Street, Cloquet, MN 55720
Phone: 218-879-3347 Fax: 218-879-6555
www.cloquetmn.gov

**General Liability Loss Claim Form
Instructions**

- Complete the claim form as fully as possible.
- Attach additional sheets if you need more space for explanation of the event.
- Enclose copies of expenses for which you seek reimbursement.
- If your vehicle was damaged and you seek reimbursement, enclose an estimate of repair.
- Attach a police report if one exists.
- Sign the form.
- Keep copies of everything for your records.
- Return the form and attachments to:

City Administrator
City of Cloquet
101-14th Street Cloquet Avenue
Cloquet MN 55720

Upon receipt of the form and supporting information, it will be submitted to the insurance carrier. **The Insurance Company will contact you once the City submits the claim information.**



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GENERAL LIABILITY LOSS CLAIM FORM

CONTACT INFORMATION	
Name of Claimant:	
Address:	
City / State / Zip:	
Best phone number to contact you:	
Email Address:	
Best time to contact:	
INCIDENT INFORMATION / LOCATION	
Type of Incident/Loss: Bodily Injury (BI) <input type="checkbox"/> Property Damage (PD) <input type="checkbox"/> Both BI and PD <input type="checkbox"/>	
Date of Incident:	Time of Incident: (am/pm)
Location of Incident or Accident:	
Detailed Description of Incident or Accident:	
DAMAGE / INJURY INFORMATION	
Name:	
Address:	
City / State / Zip:	
Home Phone:	Cell Phone:
Description of Damage/Injury:	
Estimated Amount of Loss:	
Where can property be seen?	

WITNESS INFORMATION:

Name:

Address:

City / State / Zip:

Phone Number:

Name:

Address:

City / State / Zip:

Phone Number:

ADDITIONAL INFORMATION OR COMMENTS:

I certify that the facts described herein are true and correct to the best of my knowledge:

Signature: _____

Date: _____

Please return to: City Administrator's Office
101-14th Street
Cloquet MN 55720

(Please attach any additional information pertaining to the incident)