



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 handwritten. 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.

You will submit your completed claim form directly to our processor, PMA Companies. ***Do not return your completed claim form to the City of Rockford.***

Claim Forms may be mailed or faxed to PMA Companies.

By Mail:

PMA Companies
PO Box 5231
Janesville, WI 53547-5231

By Fax: 1-800-432-9762

PMA Companies will then investigate your claim. PMA Companies may require more information than you have provided. If an adjustor from PMA Companies contacts you by phone, please call them back promptly. If you ignore their call, the claim will be denied. Once PMA Companies' investigation has been completed, they will contact you in writing with a decision on your claim.

1. 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. If you are a medical provider, please provide the name, date of birth, address, and phone number of your patient, and attach legible copies of all medical bills and treatment records related to the incident for which you are seeking reimbursement. If this information is not attached, PMA Companies will deny your claim.

2. 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 PMA Companies immediately. If PMA Companies cannot contact you, they will deny your claim.

3. Claimant Phone

Please provide your home telephone, work telephone and/or a mobile telephone number. If PMA Companies cannot contact you, they will deny your claim.

4. 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.

5. Time of Incident

Please be as specific as you can. This information is critical in most cases involving property damage to a vehicle. Without a time or a reasonably narrow time range, your claim will be denied.

6. Place of Incident

This is perhaps the most important information you can provide. Again, you must be *very* specific. At a bare minimum, we will require the street on which the damage occurred, driving direction, lane you were driving in and nearest cross streets. *However, in most cases, this is not enough information to pay your claim.* Whenever possible please include the nearest address, hundred block of the street or closest intersection to where your damage occurred.

For example, the pothole, manhole, object that caused damage to your vehicle, etc. 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. Photographs may also be provided. A photograph of the general area with a mark indicating the pothole is the most effective way to identify the pothole. Without this very specific information in regard to potholes and other roadway defects, your claim will be denied.

7. Description

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

8. Estimates and Bills

Please attach two (2) estimates or a paid receipt that will serve to verify the amount that you are claiming for damages. A claim will seldom be paid without this verification.

Remember, it is better to err on the side of providing too much documentation for your claim rather than too little. The more information PMA Companies has at its disposal, the more likely it becomes that you will be reimbursed for your damages. Claim Forms must be mailed or faxed to PMA Companies. After submission of your claim, PMA Companies will contact you to verify receipt. Thank you.

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PMA Companies
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Janesville, WI 53547-5231



Claim Form

Before completing this form, please read the attached instructions!

Claimant Name: _____

Claimant Address: _____

Claimant Phone: _____

Date of Incident: _____

Time of Incident: _____

Place of Incident: _____

Briefly describe the incident that occurred. Please include two (2) estimates or a paid receipt for damages.

Dollar Amount of Your Claim -

\$

You will receive determination of the claim by mail. For questions regarding claims, please contact your adjustor at PMA Companies. Please do not contact the City of Rockford. Please allow 3-4 weeks for the claim to be processed. Thank you.