



**CLAIM FORM**  
**ACCA LIABILITY SELF-INSURANCE FUND, INC. -**  
**PROPERTY PROGRAM**



EMAIL: [propertyclaims@countyrisk.org](mailto:propertyclaims@countyrisk.org)

**USE THIS FORM FOR FIRST PARTY PROPERTY/AUTO INCIDENTS**

Member/County: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Dept./Phone #: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Type of Loss:     First Party Auto     First Party Property     First Party Inland Marine Equipment

Cause of Loss: \_\_\_\_\_

Address/Location of Incident or Accident: \_\_\_\_\_

Please list multiple addresses below if applicable

***Any incident involving bodily injury should be reported to CRS, Inc. immediately  
at 888-608-2009 or 334-394-3232***

Please complete the questions below and on the reverse side of this form to the best of your knowledge and provide any estimates or other documentation available upon reporting.

<b>COUNTY VEHICLE</b> (AUTO OR INLAND MARINE)
Driver:
Address:
Telephone:
Driver's License #:
Date of Birth:
Owner of Vehicle:
Make, Model & Year of Vehicle/Equipment:
Last 6 of VIN #:
Inland Marine Full Serial #:
Tag Number:

<b>OTHER VEHICLE</b> (IF ASSOCIATED LIABILITY CLAIM)
Driver:
Address:
Telephone:
Driver's License #:
Date of Birth:
Owner of Vehicle:
Make, Model & Year of Vehicle/Equipment:
Last 6 of VIN #:
Tag Number:

**Additional Incident Addresses/Locations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Damage By Address/Location Listed Above:


**COMPLETE THIS SECTION IF THERE WERE ANY BODILY INJURIES**

<b>IF ASSOCIATED LIABILITY CLAIM - INJURED:</b>	
Name:	Phone:
Address:	
Injuries:	
Doctor or Hospital:	

*Forward any related documents and/or information that may be helpful in resolving this incident to CRS, Inc.*

**Additional Comments:**


**WITNESSES:**

1) Name:	2) Name:
Address:	Address:
Phone #:	Phone #:
3) Name:	4) Name:
Address:	Address:
Phone #:	Phone #:

Mail completed form to:  
**County Risk Services, Inc.**  
P.O. Box 589  
Montgomery, AL 36101-0589  
Or email to:  
[propertyclaims@countyrisk.org](mailto:propertyclaims@countyrisk.org)