



COMMERCIAL INSURANCE CLAIM FORM

Completed form may be mailed, emailed or faxed to:
Risk Management / Liability, 1120 S.W. Fifth Ave., 10th Floor, Portland, OR 97204-1912
Ph: 503-823-5101 / Fax: 503-823-6120 / LiabilityClaims@portlandoregon.gov

Aircraft Liability Crime Cyber Fine Art Helicopter PF&R Pioneer Garage PIR Property Tram

REPORT TO: (Risk Management use only)

INSURER/POLICY#:	INSURANCE AGENT: WILLIS TOWERS WATSON – Claims Center	SECONDARY INSURANCE AGENT: WILLIS TOWERS WATSON – Local Team
CONTACT NAME:	PRIMARY CONTACT NAME: Claim West	PRIMARY CONTACT NAME: Marilyn Dittman
PHONE:	PHONE:	PHONE: 415 955-0129
FAX:	FAX:	FAX: 415 982-7978
EMAIL:	EMAIL: ClaimWest@WillisTowersWatson.com	EMAIL: Marilyn.Dittman@WillisTowersWatson.com

INSURED

CITY OF PORTLAND	PRIMARY EMAIL ADDRESS: Debora.Leopold-Hutchins@portlandoregon.gov
INSURED'S MAILING ADDRESS: 1120 SW 5th Avenue, Portland, OR 97204	SECONDARY EMAIL ADDRESS: Mindy.Shane@portlandoregon.gov

RISK MANAGEMENT CONTACT

CONTACT'S NAME: Debora Leopold-Hutchins	MAILING ADDRESS: 1120 SW 5 th Ave., 10 th Floor, Portland, OR 97204	PRIMARY PHONE: 503-823-5387
EMAIL ADDRESS: Debora.Leopold-Hutchins@portlandoregon.gov		BEST TIME TO CONTACT: 8AM to 5PM

LOSS

DATE OF LOSS:	TIME:	AM <input type="checkbox"/>	PM <input type="checkbox"/>			
LOCATION OF LOSS STREET:	POLICE OR FIRE DEPARTMENT CONTACTED:					
CITY, STATE, ZIP:	REPORT NUMBER:					
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:						
KIND OF LOSS:	<input type="checkbox"/> FIRE	<input type="checkbox"/> LIGHTNING	<input type="checkbox"/> FLOOD	<input type="checkbox"/> EARTHQUAKE/SLIDE	<input type="checkbox"/> CYBER	ESTIMATED DAMAGE: \$
	<input type="checkbox"/> THEFT	<input type="checkbox"/> HAIL	<input type="checkbox"/> WIND	<input type="checkbox"/> VANDALISM	<input type="checkbox"/> OTHER	
DESCRIPTION OF LOSS & DAMAGE INCLUDING PHOTOS (ATTACH ADDITIONAL PAGES, IF MORE SPACE IS NEEDED):						
BUREAU CONTACT, NAME & EMAIL:				DATE REPORTED TO CITY RISK MANAGEMENT:		