

J.M.J.
Diocese of Springfield in Illinois
Liability Insurance Claim

Date: _____

GB reporting # _____

All Claims MUST BE PHONED into GB Services at (800) 780-9561 to report the claim

Completing this form is not required, but it may assist in gathering the necessary information for your claim.

Parish/Office Information

Name:

Phone #

Address:

Fax #

City:

E-mail Address:

Name of Injured

Name:

Home Phone #

Address:

Work Phone #

City:

Accident Information

Date & Hour of Injury:

Where:

Address:

Nature and Details of Accident:

Witness Information

Name:

Address:

Name:

Phone:

Address:

Phone:

Hospital Information

Name of Hospital:

Address:

Name of Doctor:

Address:

Other Information

Please add any pertinent facts using the reverse side if necessary, and attach any statements, medical records, etc. you may have, yet do not wait for these statements, etc.

Report completed by: _____

Date: _____

Liability Claim # _____

If you complete this form for your claim, please email this form to: insurance@dio.org
or mail to: Office for Insurance, 1615 W. Washington, Springfield, IL 62702-4757