

CLAIM TRANSMITTAL FORM

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|---------------|---|
| TO: | Qual-Lynx 100 Decadon Drive Egg Harbor Township, NJ 08234 |
| PHONE: | 609-653-8400 |
| FAX: | 609-365-4000 |

| | |
|--------------|--|
| FROM: | |
| | |

| | |
|----------------------|--|
| PHONE: | |
| FAX: | |
| TODAY'S DATE: | |

This is a: New Claim
 Additional Information on Existing Claim

_____ Claim Number, if known

Date of Loss: _____

Claimant Name: _____

Claim Type: Auto Liability Auto Physical Damage
 General Liability Property
 Workers' Compensation

| Department: | NCCI Code: |
|---|-------------------|
| <input type="checkbox"/> Street Maintenance | 5509 |
| <input type="checkbox"/> Water Department | 7520 |
| <input type="checkbox"/> Electric Department | 7539 |
| <input type="checkbox"/> Sewage Disposal | 7580 |
| <input type="checkbox"/> Paid Fire Department | 7711 |
| <input type="checkbox"/> Paid First Aid/Rescue Squad | 7715 |
| <input type="checkbox"/> Police | 7720 |
| <input type="checkbox"/> Crossing Guards | 7727 |
| <input type="checkbox"/> Off Duty Police | 7728 |
| <input type="checkbox"/> Clerical | 8810 |
| <input type="checkbox"/> Library | 8838 |
| <input type="checkbox"/> Buildings Department | 9015 |
| <input type="checkbox"/> Lifeguards | 9053 |
| <input type="checkbox"/> Parks Department | 9102 |
| <input type="checkbox"/> Street Cleaning | 9402 |
| <input type="checkbox"/> Garbage Collection | 9403 |
| <input type="checkbox"/> Municipal Employees NOC | 9410 |
| <input type="checkbox"/> Volunteer First Aid/Rescue Squad | 9420 |
| <input type="checkbox"/> Volunteer Firefighter | 9430 |

Always complete this form whenever transmitting claim information to Qual-Lynx