

**LOSS REPORTING FORM**  
(FOR ALL CLAIMS REPORTED ON OR AFTER MARCH 1, 2015)

**LOCAL GOVERNMENT PROPERTY INSURANCE FUND**

**C/O THE ASU GROUP**

**2801 CROSSROADS DRIVE, SUITE 2200**

**MADISON, WI 53718-7999**

**TOLL FREE FAX: (877) 832-0122**

**TOLL FREE PHONE: (877) 229-0009**

**EMAIL: [LGPIFCLAIMS@ASUGROUP.COM](mailto:LGPIFCLAIMS@ASUGROUP.COM)**

**Instructions:** Complete this form online or email, mail or fax to The ASU Group. If available, attach a copy of the police report. This form may be reproduced.

**Major losses should be reported by phone. Call The ASU Group 24 hours a day at:**

After Hours Phone: (877) 229-0009

**Complete this section:**

Policy Number: <b>120057</b>		Name as it Appears on Policy: <b>Sawyer County</b>			
Contact Person (for this claim): <b>Mike Keefe</b>			Phone Number: <b>715-638-3218</b>		
Fax Number: <b>715-598-3793</b>			Email Address: <b>mike.keefe@sawyercountygov.org</b>		
Address: <b>10610 Main Street, Suite 23</b>		City: <b>Hayward</b>		State: <b>WI</b>	Zip Code: <b>54843</b>
Date of Loss (if unsure, use date discovered):		Time of Loss:	Estimated Amount of Loss (attach copy of estimate if available):		
Kind of Loss (check one):				Type of Property:	
<input type="checkbox"/> Fire <input type="checkbox"/> Lightning <input type="checkbox"/> Wind <input type="checkbox"/> Hail <input type="checkbox"/> Glass Breakage <input type="checkbox"/> Vandalism (Other than Glass)				<input type="checkbox"/> Building <input type="checkbox"/> Contents <input type="checkbox"/> Contractors <input type="checkbox"/> Equipment <input type="checkbox"/> Other – Describe	
<input type="checkbox"/> Water Damage <input type="checkbox"/> Damage by Vehicle <input type="checkbox"/> Collision – Vehicle <input type="checkbox"/> Comprehensive – Vehicle <input type="checkbox"/> Other – Describe				<input type="checkbox"/> Property in the Open <input type="checkbox"/> Money <input type="checkbox"/> Vehicle - Desc color - model	
Location of Loss:					
Description of Loss and Damage:					
Remarks:					
Print Name:				Title:	
Signature:				Date:	