MEMORANDUM

TO: WHOM IT MAY CONCERN

FROM: MECOSTA COUNTY ROAD COMMISSION

RE: ALL LOSSES AGAINST THE MECOSTA CO. RD. COMM.

INSTRUCTIONS FOR FILING LOSS FORM

If you are seeking compensation from the Mecosta County Road Commission for bodily injury or property damage, please complete the Loss Form and mail it (with any attachments) to the address below.

Michigan County Road Commission
Self-Insurance Pool
Claims Department
PO Box 15067
Lansing, MI 48901

Losses reported to the Mecosta County Road Commission are evaluated on a case-by-case basis by the Claims Department, and are adjudicated according to Michigan law. The Mecosta County Road Commission has no independent authority to settle or compensate alleged losses.

The Loss Form is utilized by the Claims Department for administrative purposes only and should not be construed as legal advice. Completion of the Loss Form does not imply that you will be compensated for your loss or that the Road Commission is liable for any asserted damages. The Loss Form does not constitute, substitute for, or replace any legal notice required by any statute or law in the State of Michigan, whether contained in the Governmental Tort Lability Act, MCL 691.1401, et seq., or otherwise. By providing and/or accepting the Loss Form, the Road Commission does not waive any defense available to it under the laws of the State of Michigan.

Please allow 3-4 weeks for processing.
MAIL CLAIM FORMS TO: MCRC SIP Claims, PO Box 15067, Lansing, MI 48901

So that we may properly evaluate your loss, please complete the "General" information section and any following sections that apply. Please be as descriptive as possible and attach additional pages, if necessary. This form is for administrative purposes only and should not be construed as legal advice. Completion of this form does not imply that you will be compensated for your loss or that the Road Commission is liable for any asserted damages. This form does not constitute, substitute for, or replace any legal notice required by any statute or law in the State of Michigan, whether contained in the Governmental Tort Liability Act, MCL 691.1401, et seq., or otherwise. By accepting this form, the Road Commission does not waive any defense available to it under the laws of the State of Michigan.

**GENERAL**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>CITY:</th>
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<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
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<tr>
<td>STATE:</td>
<td></td>
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<tr>
<td>ZIP CODE:</td>
<td></td>
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<tr>
<td>PHONE: (HOME):</td>
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<td>PHONE: (WORK):</td>
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<tr>
<td>COUNTY IN WHICH ACCIDENT/INCIDENT OCCURRED:</td>
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<tr>
<td>IF A COUNTY VEHICLE WAS INVOLVED, PROVIDE VEHICLE NUMBER:</td>
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<tr>
<td>DATE &amp; TIME OF ACCIDENT/INCIDENT:</td>
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<tr>
<td>LOCATION OF ACCIDENT/INCIDENT:</td>
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<tr>
<td>POLICE NOTIFICATION? YES YES  NO NO COMPLAINT NUMBER:</td>
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<tr>
<td>DESCRIPTION OF ACCIDENT/INCIDENT:</td>
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WITNESSES: YES YES NO NO (If so, provide name, address, and telephone numbers on back of this form.)

**INJURY**

INJURED? YES YES NO NO (If yes, please describe):

MEDICAL FACILITY PROVIDING TREATMENT:

ARE YOU TREATING NOW? YES YES NO NO

HAVE YOU LOST ANY TIME FROM WORK? YES YES NO NO (If yes, how long?):

NAME, ADDRESS, PHONE NUMBER OF EMPLOYER:

DATE RETURNING TO WORK:

**AUTO**

AUTOMOBILE INVOLVED: MAKE: MODEL: YEAR:

DESCRIBE DAMAGE:

ATTACH (2) ESTIMATES: SHOP #1 EST. $ SHOP #2 EST. $

AUTO INSURANCE INFORMATION (Name, Address, Phone Number of Carrier):

AGENT'S NAME: POLICY #:

COLLISION COVERAGE: YES: NO: DEDUCTIBLE $

COMPREHENSIVE COVERAGE: YES: NO: DEDUCTIBLE $

HAS CLAIM BEEN REPORTED TO YOUR CARRIER?: YES: NO:

IS THERE A LIEN ON THIS VEHICLE?: YES: NO:

**PROPERTY**

DESCRIBE PROPERTY DAMAGE:

ATTACH (2) ESTIMATES: EST. #1 $ EST. #2 $

HOMEOWNER'S/COMMERCIAL PROPERTY COVERAGE: YES NO DEDUCTIBLE $

INSURANCE CARRIER:

NAME, ADDRESS, PHONE NUMBER & AGENT'S NAME:

POLICY #:

SIGNATURE: DATE:

(Required)

NOTE: A police report and a copy of your insurance declaration page (showing policy dates and coverages pertinent to loss date) are required, if applicable. Failure to provide the information requested on this form will cause delay in the processing of your loss. Please allow 30 days for processing.