



INITIAL INTAKE FORM

MEMBER INFORMATION				
Location (State):				
County:				
Policy Number:				
Policy Inception Date:				
Primary Adjuster:				
LOSS INFORMATION				
Coverage Type:				
Member Claim Number:				
Claimant Name (Last, First) Or Property Address/CAT #:				
Date of Loss (Occurrence Date):		Was a claim filed with the member or the county?		
			If Yes, Date <i>Claim Filed</i> :	
Brief Claim Description:				
CRL Report Reasons:	Exceeds 50% of Retention	Bad Faith	Sexual Assault/Molestation	
	Amputation	Class Action	Cyber	
	Burns	Fatality	Hearing/Vision Loss	
	Multiple Fractures	Nerve Damage	Occupational Disease	
	Paraplegia/Quadriplegia	Injury to nerve at base of spinal canal or back Injury that results in incontinence of bowel and/or bladder	Other	
Forms to be included:	Brain Injury	Environmental	Massive Internal Injuries	
	Declarations Page/ Memorandum of Coverage (MOC) (Required)	First Report of Injury (WC only)	Police Report or Scene Investigation	Legal Filings
ADDITIONAL DATA Provide additional data if available.				
Employment Status (WC):		Employment Date (WC):		
Details regarding injury and body parts:				
Property Address(es):				
Additional information:				

Email the form and supporting documents to CRL.Claims@countyre.org

10/28/2024