

CITY OF HOLLYWOOD LIABILITY CLAIM FORM

Frequently Asked Questions

[Where do I get a Liability Claim Form?](#)

The Liability Claim Form can be downloaded, mailed, emailed, or faxed to you. Forms are also available on a walk-in basis.

To have the form sent to you, contact Risk Management at 954-921-3519.

Human Resources / Risk Management

2600 Hollywood Blvd., Room 212

Hollywood, FL 33020

Office hours:

Monday - Thursday

7:00 a.m. to 6:00 p.m.

[What information do I need to send in with my claim form?](#)

As with all claims, you should provide any information that you believe will support your claim. (i.e., description of incident, estimates, photographs and diagrams).

[What happens to my claim?](#)

After your claim is received by Risk Management, it is assigned to an Adjuster with the City's third party administrator for handling.

[Once I file my claim, how long does it take to hear from Risk Management?](#)

The Adjuster will move quickly to resolve your claim. You may be contacted for clarification or further information however, as soon as all the necessary information has been received, you will be advised if your claim is approved or denied.

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Completed claims must be presented to:

Human Resources / Risk Management
City of Hollywood, Florida
2600 Hollywood Blvd., Room 212
Hollywood, FL 33020
Phone: 954-921-3519 Fax: 954-921-3678
tbouloy@hollywoodfl.org

Where space is insufficient, please use additional paper and identify information by paragraph number.

1. Claimant information:

Name of Claimant: _____ Date of Birth: _____ SS#: _____

Address of Claimant: _____ Email: _____

Cell/Home Phone: _____ Work Phone: _____

2. Incident details:

Date: _____ Time: _____ Location: _____

Specify the circumstances of the occurrence, event, act or omission which you claim caused the injury, damage or loss (use additional paper if necessary):

3. Give a description of the injury, property damage or loss incurred as a result of this incident. If there were no injuries, state "no injuries".

4. Name(s) of the City employee(s) causing the injury, damage or loss, if known:

5. Name and address of any other person injured:

6. Name and address of the owner of any damaged property:

7. Names and addresses of all witnesses, hospitals, doctors, etc.

8. Any additional information that might be helpful in considering claim:

9. Was a Police Report filed? Yes No Police Report Number:

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM

CLAIMANTS SIGNATURE

Date