



# GIRMA Incident Report Form

## How to Report a Claim:

**Option 1:** Email – Please email completed form to [GIRMAclaims@tnwinc.com](mailto:GIRMAclaims@tnwinc.com).

**Option 2:** Phone – To report a claim over the phone, please call [844.246.9510](tel:844.246.9510).

Please indicate the type of claim and complete the applicable section(s) below.

Auto Physical Damage		Property Damage (Building / Miscellaneous / Mobile Equipment)	
to Member Auto	to Non-Member Auto	to Member Owned	to Non-Owned
Personal Injury		Employment-Related	
Crime		Cyber	
Environmental/Pollution (See reporting details on Page 4)		Land Use/Zoning	
Law Enforcement		Other/Not sure	
Auto	Non-Auto		



## General Claim Information (To Be Completed for All Claims)

GIRMA Member No. \_\_\_\_\_ GIRMA Member Dept. \_\_\_\_\_

Member Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Member Contact Person Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Loss _____	Time of Loss _____	Date Reported to Member _____
Address of Incident _____		City _____ State _____
Police/Fire Called to Scene? Yes    No	Recording Agency _____	Police Report Number _____ Citation Issued Yes    No
Description of Incident _____		



### Auto Physical Damage to Member Vehicle

Year	Make	Model	VIN	Tag Number	Current Location of Vehicle
Driver's Name _____		Driver's Date of Birth _____		Driver's Phone Number _____	
Used for Business    Yes    No		Estimated Cost to Repair _____			



### Auto Physical Damage to Other Vehicle (Not Member Owned)

Name	Date of Birth	Address	City	State	Zip	Phone
Owner of Vehicle						
Driver, if Other than Above						

Make of Vehicle Year Model	Tag Number	Area of Damage	Estimate of Damage	Current Location Vehicle
Name of Insurance Company		Policy Number		Phone



### Property Damage to Member Owned Property (Building / Miscellaneous / Mobile Equipment)

Location Name	Address	City	State	Zip
Describe Damaged Property				
Extent of Damage				



### Property Damage to Non-Member Owned Property (Building / Miscellaneous / Mobile Equipment)

Owner of Property	Address	City	State	Zip
Describe Damaged Property				
Extent of Damage				



### Person Injured/Asserting Claim (If Applicable)

Name	Date of Birth	Address	City	State	Zip	Phone
Nature of Injury						

Name	Date of Birth	Address	City	State	Zip	Phone
Nature of Injury						



### Witness Information (If Applicable)

Name	Address	City	State	Zip	Phone



### Report By

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date**

## GIRMA Pollution Claim Reporting Instructions

In the event of a Pollution or Environmental Incident, the Member should report the claim **immediately** to Ironshore as follows:

**Postal Service to:** Ironshore Environmental Claims CSO  
c/o Ironshore Insurance Services LLC  
28 Liberty Street, 5<sup>th</sup> Floor  
New York, NY 10005

**Email:** [USclaims@Ironshore.com](mailto:USclaims@Ironshore.com)

**Fax:** 646-826-6601

**By Phone** via 24 Hour Claims Phone Number: (888) 292-0249

**Named Insured:** Georgia Interlocal Risk Management Agency

**Policy Number:** ISPILLSB848C002

**Policy Period:** 5/1/2022 – 5/1/2023

A copy should also **simultaneously** be reported to Gallagher Bassett as follows:

**Email:** [GIRMAclaims@tnwinc.com](mailto:GIRMAclaims@tnwinc.com)

**By Phone:** 844-246-9510

If the claim is reported via email, please indicate in the subject line “**Pollution Incident Report- Georgia Interlocal Risk Management Agency; Policy Number ISPILLSB848C002.**” The following information must be provided:

1. Appropriate person to contact (name, phone number and email address).
2. Location and description of the Pollution Incident.
3. Please immediately report all information related to the incident that you are aware of and continue to provide additional details as they become available. The following information must be provided: Description of the Pollution Incident, Claim, Remediation Expenses, Loss, Legal Costs, Business Interruption Expenses or Extra Expenses.
4. Any response actions taken by the Member relating to the Claim or Pollution Incident.
5. Any other pertinent information in the Member’s possession or control concerning any actual or potential Pollution Incident, Claim, Remediation Expenses, Loss, Legal Costs, Business Interruption Expense or Extra Expenses.

With respect to any claim asserted against the Member, the following information should be provided:

1. Copies of any demands, notices, summonses or legal papers received by the Member.
2. All correspondence between the Member and any third-party claimants.
3. All reports, notes or other documents prepared by persons hired by the Member to investigate the Claim.
4. All expert reports, investigations and data collected by experts retained by the Member whether or not the Member intends to use the material for any purpose.
5. All other information which Ironshore may require concerning the Claim whether or not the Member deems such to be relevant to the Claim.

The Pollution coverage is insured outside of GIRMA by a commercial carrier, Ironshore. The Ironshore policy has strict claim reporting requirements that must be followed. Key provisions are outlined below. However, the actual provisions of the in-force policy will apply and supersede anything herein to the contrary. The full policy will be provided in the next 30 days. Please retain for your records.

### **Key Provisions for All Members**

- Any event that triggers coverage, or may reasonably be expected to trigger coverage, must be reported as soon as “practicable.” This should be interpreted as “immediately.”
- Emergency Response Expenses are only covered if incurred within 7 days of the Pollution Incident and reported to Ironshore within 14 days of the Pollution Incident.

### **Additional Provisions for Members Purchasing Option 2—First Party Remediation Expenses**

- For Remediation Expenses (including Restoration Costs) to be covered, the Pollution Incident must be discovered by the Member within 10 days of the Pollution Incident and report the Pollution Incident to Ironshore within 30 days following discovery of the Pollution Incident.
- Disinfection Event Expenses must be reported to Ironshore within 14 days of Disinfection Event and incurred within 30 days of the Disinfection Event.
- Ironshore would take the position that Remediation Expenses, Restoration Costs, and Disinfection Event expenses may only be covered if prior written consent is obtained from Ironshore. It is strongly recommended that prior written consent be insisted upon and obtained.