

NOTIFICATION TO LIMRiCC OF POTENTIAL JSIP CLAIM

To: LIMRiCC
Attn: Finance Department
125 Tower Drive
Burr Ridge, IL 60527
Facsimile No. (630) 734-5050

From: (insert name and address of Library)

DATE: _____

1. Name, address and telephone number of employee, Library patron or other person who is making the complaint or charge against the Library.

2. Name, address and telephone number of each person who was or claims to be a witness.

3. Explanation of Potential Claim (Explain the facts prompting this Notification, including dates):

4. (a) Has a Complaint or Charge been filed in any Court or Administrative Agency?

_____ Yes _____ No

- (b) If yes, state:

(1) Court or Agency _____

(2) Date Filed _____

(3) Claim(s) Made _____

(4) Relief Sought _____

(Please attach a copy of the Complaint or Charge.)

Name and Job Title of Person Submitting Notification

(Signature)

[DATE]

LIMRiCC

Joint Self Insurance Pool
Attn: Finance Department
125 Tower Drive
Burr Ridge, IL 60521

Re: Notice of Claim Under Joint Self Insurance Program

Dear Deputy Director of LIMRiCC:

The _____ Library received a demand, notice, change or summons (“suit papers”) which may be eligible for coverage. A copy of the “suit papers” is enclosed.

Our Library requests LIMRiCC to provide coverage for this claim under LIMRiCC’s joint self insurance program.

The following information is provided with respect to the claim:

Name of Claimant: _____

Nature of Claim: _____ Employment
 _____ Accidental Injury
 _____ Commercial Contract

Date on which Library received “suit papers”: _____

From where Claim is pending: _____ Court
 _____ Illinois Department
 Of Human Rights Commission
 _____ EEOC

Name and Telephone Number of person to be contacted for additional information:

Very truly yours,
