CUSTOMER CLAIM FOR DAMAGES

A claim against McMinnville Water & Light must be filed with Hagan Hamilton Insurance. Be sure your claim relates to McMinnville Water & Light, not another public entity. Where space is not sufficient, please use additional sheets and identify information by paragraph number. Submit completed claims as follows:

a) Hand delivery or regular mail to Hagan Hamilton Insurance, 448 SE Baker St., McMinnville OR, 97128, Attention: Jackie Dean.
b) Or by email to Jackie Dean at jackie@haganhamilton.com.
c) Or by fax to Hagan Hamilton Insurance at 503-472-3859 (Attn: Jackie Dean).
d) Questions for Hagan Hamilton? Call 503-472-2165

NAME OF CLAIMAINT: _____

ADDRESS _____

TELEPHONE NUMBERS: Home: _____ Business:_____

INFORMATION REGARDING INCIDENT OR ACCIDENT: Date: _____ Time: _____

Place (specific location): _____

_____

_____

Describe the particular occurrence, event, act or omission you claim caused the injury or damage:

_____

_____

_____

State how McMinnville Water & Light or its employees were involved:

_____

_____

_____

Give the name(s) of the MWL employee(s) or MWL dept involved in the incident or as witnessed, if any:

_____

_____

Names and addresses of all witnesses, if any: _____

_____

Give a description of the injury, property damage or loss, as far as is known at the time of this claim. If there were no injuries, state "no injuries"

_____

_____

_____

_____

Name and address of any other person injured: _____

_____

DAMAGES CLAIMED (INCLUDE COPIES OF ALL BILLS, RECEIPTS, INVOICES, ESTIMATES, ETC):

Amount claimed as of this date: $ _____

Estimated amount of future costs: $ _____

Total amount claimed: $ _____

IF CLAIM INVOLVES A MOTOR VEHICLE, PROVIDE AS MUCH OF THE FOLLOWING INFORMATION AS YOU CAN FOR EACH VEHICLE: (use additional paper if necessary):

Make, Year, Model and Color: _____

Name and address of owner: _____

Name and address of driver: _____

License Plate No.: _____ Driver's License No.: _____ State: _____

Automobile Insurance Information: _____ _____

Company Policy No

OTHER INSURANCE INFORMATION (If Applicable):

Homeowner Policy Company: _____ Policy No: _____

Medical Policy Company: _____ Policy No: _____

ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN CONSIDERING CLAIM:

_____

_____

WARNING- IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM- (ORS 162.085)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and belief, as to such matters, I believe them to be true. I certify under penalty of law that the foregoing is TRUE AND CORRECT.

Signed this _____ day of _____ , 20____

_____

Claimants Signature