

**ILLINOIS STATE TOLL HIGHWAY AUTHORITY**  
**RISK MANAGEMENT**  
2700 Ogden Avenue  
Downers Grove, Illinois 60515  
Email: risk.insurance@getipass.com  
TELEPHONE (630) 241-6800 ext. 4288 FAX (630) 241-6103

**Claimant's Report of Property Damage**

*Please complete this form and return it to the Risk Management Division at the above-noted address.*

Property Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Property (if different): \_\_\_\_\_

Type of Structure: \_\_\_\_\_ Age of Structure: \_\_\_\_\_

This property is a:    \_\_\_\_\_ Single Family Dwelling                      \_\_\_\_\_ Multi-Family Dwelling  
                                 \_\_\_\_\_ Apartment Building                      \_\_\_\_\_ Commercial Property  
                                 \_\_\_\_\_ Vacant/Un-improved Property                      \_\_\_\_\_ Other

Length of Ownership: \_\_\_\_\_ Date Damage First Noticed: \_\_\_\_\_

Please identify the Toll road neighboring your property: I- \_\_\_\_\_

Direction of Toll road: \_\_\_\_\_ Northbound \_\_\_\_\_ Southbound \_\_\_\_\_ Westbound \_\_\_\_\_ Eastbound

Is there construction work currently being completed in the area? \_\_\_ Yes \_\_\_ No

If no, was there construction when you initially noticed the damage? \_\_\_ Yes \_\_\_ No

If yes to either question, do you know the name of the construction company?

\_\_\_\_\_

Please indicate the alleged cause of damage, and explain in detail the extent of damage (use additional paper if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any damage been repaired? \_\_\_ Yes \_\_\_ No

If yes, what repairs have been completed?

\_\_\_\_\_

\_\_\_\_\_

Have you recently made any structural changes to your home (i.e., new addition, remodeling, etc.)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what was done? \_\_\_\_\_

Have you had a professional inspection of the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If the property was inspected, please provide a copy of the inspection report with the submission of your claim.*

Have you notified your insurance company of the damage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has an insurance adjuster inspected your property? \_\_\_\_\_ Yes \_\_\_\_\_ No

Company: \_\_\_\_\_ Claim Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Adjuster Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Adjuster's Conclusions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your insurance company currently processing a claim for this incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance agent's name and phone number: \_\_\_\_\_

Have you received payment for the damages from anyone? \_\_\_\_\_ Yes \_\_\_\_\_ No

**We request that you submit photos of the damage and at least two competitive estimates for the repair of your property upon submitting this report for consideration. Please include copies of all receipts, estimates and inspection reports. We strongly suggest that you obtain a professional inspection of your property; however, we cannot guarantee reimbursement of any costs you have incurred for the inspection or for the estimates.**

### **Please read before signing:**

**I state that my answers on this two-page report are true and correct to the best of my knowledge. I also understand that the submission of this report for consideration does NOT indicate that the Illinois State Toll Highway Authority, or its construction contractors, has accepted responsibility in this matter, and that responsibility will be determined after an investigation of the facts.**

\_\_\_\_\_  
*Owner's or Authorized Agent's Signature*

\_\_\_\_\_  
*Date*