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CONTACTS

TOWNSHIP OFFICIALS OF ILLINOIS RISK MANAGEMENT ASSOCIATION

CLAIM REPORTING HOTLINE

(844) 562-2720 | Available 24/7 | toirma.org/claims-management

Executive Office

3217 Northfield Drive
Springfield, IL 62702-1400
(217) 744-8010
(217) 744-8011 Fax
Toll Free (888) 562-7861
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Administrative Assistant
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Administrative and Claims

Towne Centre Building, 2 East Main Street, Suite 208, Danville, IL 61832-5852
(217) 446-1089 • Toll Free (800) 252-5059

Customer Service

Debbie Prentice, ext. 1204

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Account Manager
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Claims

Danielle Smith, ext. 1418

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Erica Sandlin, ext. 1263

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Katie Musgrave, ext. 1349

Claim Supervisor
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(217) 477-6649 Fax
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Kelly Helenthal, ext. 1372

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Julie Flynn, ext. 1245

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Loss Control

Matt Knight, ext. 1387

(217) 444-1387 Direct Line
(217) 477-6887 Fax
mknight@ccmsi.com

Sean Richardson, ext. 1384

(217) 444-1384 Direct Line
(217) 477-6884 Fax
sean.richardson@ccmsi.com

Human Resources Help Line

(888) 472-6785 Ext.1172 (All calls promptly returned within 24 hours.)

All TOIRMA members have access to Human Resources professionals to assist in answering employment-related questions and issues.

The Human Resources Help Line covers many areas such as: Discipline & Documentation • Legal Termination • Discrimination

Another service brought to you by TOIRMA.



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CLAIM REPORTING HOTLINE

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To report a claim, please call (844) 562-2720 with the following information:

*** TOWNSHIP - TOWING/GLASS CLAIM**

- ✓ Township Name & County
- ✓ Mailing Address
- ✓ Phone#
- ✓ Date of Loss
- ✓ Year, Make & Model of Vehicle/Equipment

- ✓ Employee's Direct Supervisor
- ✓ Employee's Job Description
- ✓ Description of Injury
- ✓ Body Part Involved
- ✓ Witness Information
- ✓ Treatment Facility Information
- ✓ Wage Statement if Lost Time

*** TOWNSHIP - AUTO/INLAND MARINE/PROPERTY**

- ✓ Township Name & County
- ✓ Mailing Address
- ✓ Phone#
- ✓ Date of Loss
- ✓ Year, Make & Model of Vehicle/Equipment
- ✓ Address of Property Damaged
- ✓ Description of How Damage Occurred
- ✓ Description of Damage
- ✓ Township Driver Name & Phone#

Claim Staff

Danielle Smith

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Katie Musgrave

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 (217) 477-6649 Fax
kmusgrave@ccmsi.com

*** LIABILITY CLAIM**

- ✓ Township Name & County
- ✓ Mailing Address
- ✓ Phone#
- ✓ Date of Loss
- ✓ Time
- ✓ Location
- ✓ Description of Incident
- ✓ Name, Address, Phone# of party claiming damage or injury
- ✓ Witness Name & Phone#
- ✓ Authorities & Report#

*** WORKERS COMPENSATION CLAIM**

- ✓ Township Name & County
- ✓ Mailing address
- ✓ Phone#
- ✓ Date of Loss
- ✓ Time
- ✓ Location
- ✓ Employee Name, Address, Phone#
- ✓ Employee DOB, SSN & Date of Hire