

# CLAIM TRANSMITTAL FORM

<b>TO:</b>	Qual-Lynx 100 Decadon Drive Egg Harbor Township, NJ 08234
<b>PHONE:</b>	609-653-8400
<b>FAX:</b>	609-365-4000

<b>FROM:</b>	

<b>PHONE:</b>	
<b>FAX:</b>	
<b>TODAY'S DATE:</b>	

**This is a:**       New Claim  
                      Additional Information on Existing Claim

\_\_\_\_\_ Claim Number, if known

**Date of Loss:** \_\_\_\_\_

**Claimant Name:** \_\_\_\_\_

**Claim Type:**     Auto Liability     Auto Physical Damage  
                            General Liability      Property  
                            Workers' Compensation

<b>Department:</b>	<b>NCCI Code:</b>
<input type="checkbox"/> Street Maintenance	5509
<input type="checkbox"/> Water Department	7520
<input type="checkbox"/> Electric Department	7539
<input type="checkbox"/> Sewage Disposal	7580
<input type="checkbox"/> Paid Fire Department	7711
<input type="checkbox"/> Paid First Aid/Rescue Squad	7715
<input type="checkbox"/> Police	7720
<input type="checkbox"/> Crossing Guards	7727
<input type="checkbox"/> Off Duty Police	7728
<input type="checkbox"/> Clerical	8810
<input type="checkbox"/> Library	8838
<input type="checkbox"/> Buildings Department	9015
<input type="checkbox"/> Lifeguards	9053
<input type="checkbox"/> Parks Department	9102
<input type="checkbox"/> Street Cleaning	9402
<input type="checkbox"/> Garbage Collection	9403
<input type="checkbox"/> Municipal Employees NOC	9410
<input type="checkbox"/> Volunteer First Aid/Rescue Squad	9420
<input type="checkbox"/> Volunteer Firefighter	9430

**Always complete this form whenever transmitting claim information to Qual-Lynx**