



CITY OF CORAL GABLES

Statement of Claim Form

To file a claim against the City of Coral Gables, please complete and include all relevant supporting documents (such as receipts, canceled checks, estimates, billings, etc.) and/or additional evidence (e.g., photos, police report, diagrams, etc.) and mail, e-mail or deliver the completed and notarized Statement of Claim Form to:

City of Coral Gables
Risk Management/Claims
2801 Salzedo Street, Room 224
Coral Gables, FL 33134
riskmanagement@coralgables.com
Tel: 305-722-8692

Upon receipt of a completed Statement of Claim Form, your claim is assigned to an adjuster with the City's third party administrator. The City's third party administrator is Johns Eastern Company, Inc. You will be notified in writing when the claim has been opened and a claims representative has been assigned to investigate your claim. A claim number will be assigned to your claim. It is possible that during the investigation you may be asked to provide additional information in support of your claim. Your claim will be evaluated and may result in one of three outcomes in which the City of Coral Gables will:

1. Pay a sum of money; or
2. Tender or transfer the claim to a different responsible party or entity; or
3. Deny a claim where there is no evidence of liability or if the City is immune from liability in accordance with Section 768.28, Florida Statutes and/or legal precedence.

As the claimant you have the following responsibilities:

- Complete, sign, notarize and submit a Statement of Claim Form to the City of Coral Gables.
- Mitigate your damages. This includes minimizing storage expenses and protecting your property from additional damage and exposure.



CITY OF CORAL GABLES
STATEMENT OF CLAIM FORM

Where space is insufficient, please use additional paper and identify information by paragraph number.

All items on this form must be completed and the form must be signed and notarized or claim may not be considered. Submit this form completed, signed and notarized with supporting documents to:

City of Coral Gables
Risk Management/Claims
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1. Claimant information:

Name of Claimant: _____ Date of Birth: _____ SS#: _____
 Address of Claimant: _____ Email: _____
 Cell/Home Phone: _____ Work Phone: _____

2. Incident details:

Date: _____ Time: _____ Location: _____

Specify the circumstances of the occurrence, event, act or omission which you claim caused the injury, damage or loss (use additional paper if necessary):

3. Give a description of the injury, property damage or loss incurred as a result of this incident. If there were no injuries, state "no injuries."

4. Name(s) of the City employee(s) causing the injury, damage or loss, if known: _____

5. Name and address of any other person injured: _____

6. Name and address of the owner of any damaged property: _____

7. Names and addresses of all witnesses, hospitals, doctors, etc.: _____

8. Any additional information that might be helpful in considering claim: _____

9. Was a Police Report filed? : Yes No **Police Report Number:** _____

10. Amount claimed _____

I, _____, swear that the aforementioned claim is submitted in good faith. I further certify that the supporting data is accurate and complete to the best of my knowledge and that I have 30 days from the date of discovery, to correct any inaccuracies or omissions. I also certify that the amount of the claim accurately reflects that amount that I believe is due from the City.

I, _____, swear that am the claimant and or I am authorized by the claimant to certify this claim.

I, _____, understand that this claim is subject to the City of Coral Gables' False Claims Ordinance (Ch. 39, City of Coral Gables Code) and the penalties set out therein.

Name: _____

Signature _____ Date: _____

STATE OF FLORIDA COUNTY OF _____
 The foregoing instrument was acknowledged before me this _____ (date), by _____ (name), who is personally known to me or who has produced _____ (type of identification) as identification.

 Notary Public

My Commission Expires: