



Claim Process for Claimant

Liability/Personal Property Claims

1. Provide a statement that includes: claimant's name, mailing address, phone number, your description of incident and explanation on how you would like the City to assist you (Notice of Claim form included), please submit Notice of Claim Form to:

Via Email: Claims@cityofedinburg.com

or

In Person: City of Edinburg

Human Resources/Risk Management

415 W. University Dr.

Edinburg, TX 78541

2. Other documents that may be submitted along with statement are repair estimates, invoices, bills, photographs, police report (if applicable) etc.
3. All information/documents will be submitted to our insurance carrier, Texas Municipal League-IRP.
4. Claimant may contact Texas Municipal League-IRP for status on their claim at 1-800-537-6655 within two days (please provide claimant's name and date of incident).

City of Edinburg

Human Resources/Risk Management

(956)388-1873 - Phone

(956)292-2040 - Fax

Cindy Gutierrez, Risk Manager (Ext.8658)

Anett Rodriguez, HR Generalist I (Ext. 8656)

Email: cgutierrez@cityofedinburg.com



RECEIVED BY HUMAN RESOURCES:

NOTICE OF CLAIM AGAINST THE CITY OF EDINBURG

Written notice must be received by HR/ Risk Management Division within (60) days of property damage or injury.

In person, address: HR/ Risk Management, 415 W. University Dr., Edinburg, TX 78541

Via email: claims@cityofedinburg.com

Please complete the following information and attach documentation if necessary. All information will be submitted to our insurance carrier, Texas Municipal League-IRP. Claimant may follow up with TMLIRP within 2 days 1-800-537-6655.

NAME (first, last)	ADDRESS:	PHONE NUMBER:
EMAIL:		

TYPE OF CLAIM: (check one)	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> PERSONAL INJURY
DATE OF INCIDENT:		APPROXIMATE TIME:
LOCATION:		

AMOUNT OF YOUR CLAIM: Include estimates, invoices, or receipts	
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DESCRIPTION OF INCIDENT:
In your own words, where, when and how the damage or injury occurred. Include pictures, police report, and/ or police report number.

All OF THE STATEMENTS MADE IN THIS CLAIM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF CLAIMANT _____	DATE _____
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