



SD1 Incident/Injury Claim Form

First Name* _____

Last Name* _____

Phone Number* _____

Email Address* _____

Additional Claimant (First Name)

Additional Claimant (Last Name)

Incident Address* _____

Mailing Address _____
(if different from incident address)

Date of Incident/Injury* _____ (MM/DD/YYYY)

Description of Incident/Injury*

Signature* _____

Please see additional information on Page 2 of this Incident/Injury Claim Form.

Incident/Injury Claim Form – Page 2

Provide an itemized list of damages and submit with this Claim Form. Please include:

- Personal Property Damage (e.g. clothing, electronics, appliances, furniture, etc.)
 - Type of item(s)
 - Description of item(s) including brand name, model, etc.
 - Approximate age of item at time of incident/injury.
 - Original cost (amount paid for item)
 - Photos
 - Receipts, if available.

- Structural Damage (e.g. drywall, paneling, flooring, carpet, furnace, water heater, etc.)
 - Description of item
 - Cost to repair/replace damage
 - Estimate(s), invoice(s) and receipt(s) related to structural damage repairs
 - Photos

- Costs incurred to hire a professional cleaning contractor
 - Name of licensed professional cleaning contractor
 - Cost of work completed
 - Itemized estimate/invoice - description of the work performed

This form and all supplemental material can be submitted via fax to **(859) 331-2436** or via US Mail to the address below:

Sanitation District No. 1
Attn: Insurance Claim
1045 Eaton Dr.
Ft. Wright, KY 41017

If you have homeowner's or renter's insurance coverage that applies to sewer backups or floods, you should contact your insurance company immediately to report the incident and get instructions for filing a claim. If you are not sure whether you have coverage, please contact your insurance agent.

If you have any questions or need assistance completing this form, please call **(859) 578-7450** and ask about submitting an Incident/Injury Claim Form or email **insurance-claims@SD1.org**.