

TORT TRANSMITTAL FORM

District

Address

Date: _____

To:

Qual-Lynx
100 Decadon Drive
Egg Harbor Twp., NJ 08234
Fax: 609-601-3188
Email: bmaclean@qual-lynx.com

Internal Distribution *{if Appropriate}*

{Name, Title, Telephone Number}

{Name, Title, Telephone Number}

{Name, Title, Telephone Number}

Louis J. Greco, Esquire, 800 Route 50, Suite 2B, Mays Landing, NJ 08330
Fax: 609-625-2340; Email: lou@lgrecolaw.com

RE: Atlantic and Cape May Counties Association of School Business Officials Joint Insurance Fund
 Burlington County Insurance Pool Joint Insurance Fund
 Gloucester, Cumberland, Salem School Districts Joint Insurance Fund

Name of Claimant: _____

Date of Loss/Accident: _____

JIF Claim Number: _____

Enclosed please find the following:

- Initial Notice of Tort claim received on _____
(Include photocopy of envelope showing postal date stamp)
- Copy of response, sent on _____ by certified mail, return receipt requested, with the official Notice of Tort Claim form.
- Reports on the incident giving rise to the claim.
- Official Notice of Tort Claim Form, received on _____
- Summons and Complaint, received on _____
- _____, received on _____
- _____, received on _____

Very truly yours,

Signature/Title