TEXAS ASSOCIATION *of* COUNTIES
RISK MANAGEMENT POOL

1-800-456-5974 / 512-478-8753 / 512-615-8942*fax*

PRIVACY OR SECURITY EVENT (CYBER) LIABILITY CLAIM LOSS REPORT

Please indicate type of claim:

☐ Incident Report Only ☐ Making a Claim

Entity No.:	**Date of Incident**:
	Date Reported:
MEMBER:	**Reported by:**
Address:	**Contact Name:**
City/State/Zip:	**Contact Phone No.:**
	E-MAIL:

Incident Description and/or Allegations:

Request for Pre-Claim Assistance?

Member Officials / Employees Named and/or Involved (please include contact information)	

Rev.4-15/AFB

PLEASE REPORT ALL CLAIM LOSS REPORTS TO: claims-cs@county.org or *Submit Form Now*