

CENTRAL REGION SCHOOL INSURANCE GROUP

CLAIM FOR INJURY, DAMAGE and/or INDEMNITY

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Govt. Code, Section 911.2)
2. Claims for damages to real property or breach of contract must be filed not later than (1) year after the occurrence (Govt. Code, Section 911.2)

SCHOOL DATE STAMP WHEN RECEIVED _____

CLAIMANT INFORMATION:

Name of Claimant	Age		Date of Birth	
Claimant Social Security Number (if claim for bodily injury)				
Does the Claimant have Medicare coverage?				
Residence Address of Claimant				
Name of Responsible Parent / Guardian				
Name of Other Person for Legal Notification				
Legal Mailing Address				
Telephone Number(s)				

ACCIDENT / LOSS INFORMATION:

Date of Accident or Loss		Time of Day	
Location of Accident or Loss			
Name(s) of person(s) causing the accident or loss (if any)			
Description of what happened and why you feel the school is responsible (attach additional pages if necessary)			

AMOUNT YOU ARE CLAIMING:

Type	Dollar Amount	Briefly Describe
Medical Expense	\$	
Property Loss	\$	
Other	\$	
TOTAL CLAIM	\$	

WITNESSES:

Name	Address	Phone #

I declare under penalty of perjury that the above statements are true and correct.

Signature of Claimant or Representative

Date

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS:

Every person who with intent to defraud, presents for allowance or payment any false or fraudulent claim against a public entity may be guilty of a felony (See California Penal Code 72).

Attention School Personnel: Date stamp and mail to Erik Knak, CRSIG Claims Administrator, Knak & Company, PO Box 990520, Redding, CA 96099-0520