



HANDLING A GENERAL LIABILITY CLAIM

To be provided for all site office personnel and district office contacts:

1. The employee who either witnesses or is supervising the person at the time of the injury should complete the Accident Report Form. This report should be submitted immediately to the District Office. The District Office will time stamp and submit the form with "Property/Liability Loss Notice" to the appropriate parties indicated on the lower left corner.
2. Should other pertinent facts develop, contact the District Office immediately.
3. If the person sustaining the injury indicates that they are pursuing a claim against the District, the claimant is to be referred to the District Office and given a copy of the Claim for Damage or Injury Form. The form is to be completed by the claimant and returned to the District Office. The District Office will time stamp and submit the form with "Property/Liability Loss Notice" to the appropriate parties indicated on the lower right corner.
5. Do not provide completed accident report forms to the person sustaining the injury without first discussing the matter with Knak and Company. These incident reports are internal confidential and public disclosure could hinder the defense of the claim.
7. **Do not put a copy of the report in the students' records, if not applicable.**
9. If contacted by Knak and Company, furnish the requested information as accurately, completely, and as quickly as possible.
10. **MAKE NO PUBLIC STATEMENTS AS TO YOUR OPINION REGARDING CAUSE, FAULT, OR LIABILITY. DO NOT EXPRESS PERSONAL OPINIONS CONCERNING LIABILITY AS THESE STATEMENTS MAY BE UTILIZED BY THE PLAINTIFF ATTORNEY IF LITIGATION ENSUES.**
12. In the event of a serious accident, please contact Knak and Company or the Central Region School Insurance Group office immediately. The numbers have been provided below for your use.

PLEASE SUBMIT THE FOLLOWING FORMS:

- 11 Property/Liability Loss Notice
- 11 Accident/(Incident) Form
- 11 Claim for Injury or Damage Form (only if requested by claimant, see item 3 above)

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