

# Central Region School Insurance Group Property/Liability Loss Notice

**Date of Loss:** \_\_\_\_\_

**Date Claim Made:** \_\_\_\_\_

**Type of Loss:** (Please check all applicable boxes)

<b>GENERAL LIABILITY</b>	<b>PROPERTY</b>	<b>AUTOMOBILE</b>
<input type="checkbox"/> Student Injury	<input type="checkbox"/> Fire	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Non-Student Injury	<input type="checkbox"/> Theft	<input type="checkbox"/> Student Injury
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Non-Student Injury

**District Information:** (must be completed)

Member District: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 \_\_\_\_\_

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**Loss Information:** (must be completed)

Location of Occurrence: \_\_\_\_\_  
 Description of Occurrence: \_\_\_\_\_  
 Injury Description: (If applicable) \_\_\_\_\_  
 Property Damage Description: (If applicable) \_\_\_\_\_

Police Department Involvement: \_\_\_\_ Yes \_\_\_\_ No      Fire Department Involvement: \_\_\_\_ Yes \_\_\_\_ No  
 Authority Having Jurisdiction: \_\_\_\_\_ Report Number: \_\_\_\_\_

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**Injured Parties:** (if applicable)

Name: _____	Name: _____
Address: _____	Address: _____
Contact Phone: (    ) _____	Contact Phone: (    ) _____

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**Witnesses:** (if applicable)

Name: _____	Name: _____
Address: _____	Address: _____
Contact Phone: (    ) _____	Contact Phone: (    ) _____

Report Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_