

Central Region School Insurance Group Property/Liability Loss Notice

Date of Loss: _____ **Date Claim Made:** _____

Type of Loss: (Please check all applicable boxes)

<i>GENERAL LIABILITY</i>	<i>PROPERTY</i>	<i>AUTOMOBILE</i>
<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: _____

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: _____

Injured Parties: (if applicable)

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

Witnesses: (if applicable)

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

Report Prepared By: _____ Date: _____