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: (attach additional pages if necessary):

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: (Include estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. If amount claimed exceeds $10,000, Eno dollar amount shall be stated.):

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

WITNESSES: (include doctors & hospitals):

Name	Address	Phone #

I declare under penalty of perjury that the above statements are true and correct. Notice: Section 72 of the California Penal Code provides that every person who, with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment.

_____ _____

Signature of Claimant or Representative Date

Attention School Personnel: Date stamp and mail to Knak & Company, PO Box 191309, Boise, ID 83719 *CRSIG 1/2021*