

## Central Region School Insurance Group Property/Liability Loss Notice

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

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

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

GENERAL LIABILITY	PROPERTY	AUTOMOBILE
<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: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_  
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  
Authority Having Jurisdiction: \_\_\_\_\_

Fire Department Involvement: \_\_\_\_ Yes \_\_\_\_ No  
Report Number: \_\_\_\_\_

**Injured Parties:** (if applicable)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Phone: ( ) \_\_\_\_\_

**Witnesses:** (if applicable)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Phone: ( ) \_\_\_\_\_

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

Date: \_\_\_\_\_