LIABILITY/PROPERTY LOSS FORM

California Risk Management Authority
7170 N. Financial Drive, Suite#130
Fresno, CA 93720
(559) 476-2999
Email: Lperez@crma-jpa.org

CONFIDENTIAL DOCUMENT
Property of School District and CRMA I ONLY
This form MUST be completed immediately upon discovery of any theft, vandalism or other District Property or Liability Loss.

INSURED	Name of School District: Chowchilla High School District	Name of School : :	Phone
	Address		
Time and Place	Date and Time of Accident or Loss		
	Location		
Description of Incident (attach additional list if necessary)			
			Police Report Yes No
Injured Person	Name	Age	Married Single Male Female
	Address		
	Occupation	Home Phone:	Business
	Does Injured person have accident insurance? Yes No Company Name:	Any other medical insurance? Yes No Company Name:	
	What was injured doing when accident occurred?		
The Injury (attach additional list if necessary)	Nature and extent of injury:		Has injured resumed work?
	Where was injured party taken after accident?	Name of Doctor:	
Property Loss or Damage	Property Owner	Address	Phone
	List Property Damage		Est. Cost of Loss/Repairs $
Witnesses	Name	Address	Phone
	Name	Address	Phone

APPLICABLE IN CALIFORNIA: For your protection California Law required the following to appear on this form: IT IS UNLAWFUL TO (a) PRESENT OR CAUSE TO BE PRESENTED ANY FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS UNDER A CONTRACT OF INSURANCE (b) PREPARE, MAKE, OR SUBSCRIBE ANY WRITING WITH INTEND TO PRESENT OR USE THE SAME, OR TO ALLOW IT TO BE PRESENTED OR USED IN SUPPORT OF ANY SUCH CLAIM. EVERY PERSON WHO VIOLATES ANY PROVISION OF THIS SECTION IS PUNISHABLE BY IMPRISONMENT IN THE STATE PRISON NOT EXCEEDING THREE YEARS, OR BY FINE NOT EXCEEDING ONE THOUSAND DOLLARS, OR BY BOTH.

_____ (DATE)

_____ (SIGNATURE)

ORIGINAL - TO CLAIMS ADMINISTRATOR (California Risk Management Authority)