



LIABILITY/PROPERTY LOSS FORM

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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 Union High School		Name of School : :		Phone
	Address				
Time and Place	Date and Time of Accident or Loss				
	Location				
Description of Incident (attach additional list if necessary)					
Injured Person	Name		Age	Married Single	Male Female
	Address				
	Occupation			Home Phone:	Business
	Does Injured person have accident insurance? Company Name:		Yes	No	Any other medical insurance? 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)

ORIGINAL - TO CLAIMS ADMINISTRATOR (California Risk Management Authority)

(SIGNATURE)

CRMA 2022