

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

This form MUST be completed immediately upon discovery of any theft, vandalism or other District Property or Liability Loss.

INSURED	Name of School District Corcoran USD	Name of School : :			Phone	Phone			
	Address								
Time and Place	Date and Time of Accident or Loss								
	Location								
Description of Incident									
(attach additional									
list if necessary)					Police I	Report	Yes	No	
Injured Person	Name			Ag	ie	Married Single	Male Female		
	Address								
	Occupation				Home Phone:			Business	
	Does Injured person have accident insurance? Company Name:	Yes No		Any other Company	medical ins Name:	urance?	Yes	No	
	What was injured doing when accident occurred?								
The Injury	Nature and extent of injury:	·					Has injured resumed work?		
(attach additional list if necessary)	Where was injured party taken after accident?	er accident? Name of Doctor:							
Property Loss or Damage	Property Owner	Address				Phone			
	List Property Damage	Es \$			st. 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 UNLAW FULTO (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)