



in partnership with the Alliance and SCIP

General Liability/Student Accident Report Form

District Information	
Loss report completed by*:	_____ Date: ____/____/____
Claims contact person*:	_____
Contact phone number*:	(____) _____ - _____

Incident Details	
Type of report*:	<input type="radio"/> Bodily Injury <input type="radio"/> Property Damage <input type="radio"/> Cyber Liability
Date of Incident*:	____/____/____
Time of Incident*:	_____ <input type="radio"/> AM <input type="radio"/> PM
If time of incident is an estimate please explain further:	

Campus location most closely associated with the incident*:	_____
Describe location where incident occurred* (area on campus, building classroom no etc):	_____
City: _____	State: _____

Description of incident (what occurred and how):	_____

District employee(s) present when incident occurred, if any:	_____
Full Name:	_____
Title:	_____
Phone Number:	(____) _____ - _____

Full Name:	_____
Title:	_____
Phone Number	(____) _____ - _____

What action was taken by the district following the incident? *	_____

Claimant Information	
Claimant*:	<input type="radio"/> Student <input type="radio"/> Other
First name*:	_____
Last name*:	_____
Date of birth*:	____/____/____
Address*:	_____ Zip Code: _____ - _____
City*:	_____ State*:
Phone Number*:	(____) _____ - _____

Use the information on this form to file your claim online.

<b>Other insurance</b> (check all that apply):
<input type="radio"/> Student insurance <input type="radio"/> Auto insurance <input type="radio"/> Other insurance
Insurance information (Insurance name and policy number)
_____
<b>Parent/Guardian Information</b>
Relationship to claimant: _____
Full name: _____
Phone number: (____) _____ - _____
Address <input type="radio"/> Same as above
_____
List additional claimant(s):
Full Name: _____
Date of birth: ____/____/____
Parent/Guardian: _____
<b>Other Information</b>
Was the loss caused by a third party? * <input type="radio"/> Yes <input type="radio"/> No
If yes, provide information below if known.
Full Name (individual or firm): _____
Address: _____
Phone Number: (____) _____ - _____
Reported to Law Enforcement Agency (Sheriff, Police or Fire Department)? *
<input type="radio"/> Yes <input type="radio"/> No
Date reported: ____/____/____
Agency Name: _____
Officer name & ID number: _____
Report number: _____
<b>Witness Information (if applicable)</b>
First witness full name: _____
Address: _____ Zip Code: _____ - _____
City: _____ State: _____
Phone number: (____) _____ - _____
Second Witness full name: _____
Address: _____ Zip Code: _____ - _____
City: _____ State: _____
Phone number: (____) _____ - _____
<b>Additional comments or information:</b>
_____