



SCHOOL BOARD LEGAL LIABILITY LOSS NOTICE

Please send completed form as soon as practicable to:

Claims Associates, Inc.
PO Box 1898
Sioux Falls, SD 57101
Online: <http://claimsassoc.com/assign-a-claim>

Email: ASBSDclaims@claimsassoc.com
Office Phone (daytime hours): 605-333-9810
Office Phone (after hours): 888-430-2249
Fax No: 605-333-9835

Report Date:	Date of Loss and Time:	Previously Reported (Y/N):
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MEMBER INFORMATION

School District Name and Street Address:	
Person at School District to Contact About this Loss (name, phone number, and email):	

CLAIMANT INFORMATION

Claimant Name, Street Address, Phone Number, and Email:	
Name, Street Address, Phone Number, and Email of Claimant's Attorney:	

LOSS INFORMATION

Did you receive legal papers?	
If so, when?	
Have you reported this claim/circumstance to any other insurance company?	
If yes, please identify insurance company, policy #, and type of coverage provided:	
Briefly describe nature of claim/circumstance:	
Describe nature of and amount of loss or damage by the claimant:	

Report By:	Signature:	Date Signed:
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ADDITIONAL COMMENTS THAT MAY BE OF ASSISTANCE IN HANDLING THIS CLAIM:

IMPORTANT ADDITIONAL INSTRUCTIONS: Please send copies of any legal papers, correspondence, or any other documentation related to this matter.
APPLICABLE IN SOUTH DAKOTA: Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.