**Please send completed form as soon as practicable to:**

|  |  |
| --- | --- |
| **Claims Associates Inc.****PO Box 1898****Sioux Falls SD. 57101** | **Fax No: 605-333-9835** |
|  | **Office Phone: 605-333-9810** |
|  | **After hours 888-430-2249** |
|  | **Email:** **asbsdclaims@claimsassoc.com** |

|  |  |
| --- | --- |
| Report Date:  | Date of Loss and Time:  |

**MEMBER INFORMATION**

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

**OCCURRENCE**

|  |  |
| --- | --- |
| Location of Occurrence Street Address: |  |
| Describe Location of Occurrence if Not at a Specific Street Address: |  |
| Police or Fire Department Contacted and Report Number: |  |
| Description of Occurrence:  |

**TYPE OF LIABILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Premises: Member is  | **[ ]** Owner  | [ ]  Tenant | Type of Premises:       |
| Owner’s Name, Address, Phone, and Email (if not the Member): |       |
| Products: Member is  | **[ ]** Manufacturer  | [ ]  Vendor | Type of Product:       |
| Manufacturer’s Name, Address, Phone, and Email (if not the Member): |       |

**INJURED / PROPERTY DAMAGED**

|  |  |  |  |
| --- | --- | --- | --- |
| Name, Address, Phone, and Email of Injured Person: |  | Name, Address, Phone.Employer |  |
| Injured Person’s Age, Sex, and Occupation | . |
| Describe Injury: | . |
| What Was Injured Doing? |  |
| Where Was Injured Taken? |  |
| Describe Property: |       |

**WITNESSES**

|  |  |  |
| --- | --- | --- |
| Name and Address | Phone No. | Email |
|       |       |       |
|       |       |       |

|  |  |
| --- | --- |
| Report By:  |  |

**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. |