**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**](mailto: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. |