

# INSURANCE CLAIM REPORTS

The Passaic Board of Education purchases insurance to insure Board Property and provide protection against liability claims. All property losses and liability occurrences must be **immediately** reported to the district's insurance agent.

## Insurance Claim Reports

The Business Office has prepared Insurance Incident Claims Reports that are to be completed by the building principal or central office administrator. They are as follows:

### A. School District Automobile Loss

This Insurance Incident Claim Report shall be completed only when a **Board of Education vehicle** is involved in an accident or suffers property damage or theft. This form is not to be used by vehicles owned/leased by staff members; students, etc.

#### Report of Accident – (24 Hours)

The driver of the vehicle (if not incapacitated) shall file a detailed report with his supervisor within 24 hours of the accident. N.J.A.C. 6A:23A-6.12(j,p)

#### Police Notified – Immediately

The driver of the vehicle (if not incapacitated) shall notify the police immediately after an accident and file a police report with his supervisor as soon as practicable. N.J.A.C. 6A:23A-6.12(q)

### B. Property Loss/Damage

This Insurance Incident Claims Report shall be completed only when Board of Education property is damaged or there is theft of Board property. This form is not to be used when property is owned by staff members or students.

### C. General Liability Occurrences

This Insurance Incident Report shall be completed only when a liability occurrence (falls) happens to people other than students or staff.

## Reporting Incidences Involving Students and Staff

The school district has in place procedures involving the reporting of students and staff members being in an accident during a school activity.

Students and staff members may file a personal property loss with the Business Office. The Business Office will forward all claims to the district's insurance agent. It will be the insurance company that will make all determinations concerning insurance claims of personal property.

All insurance Claim Reports shall be completed and submitted to the Business Office within the same school day the incident took place. Forms are to be faxed to (973) 470-7694. A hard copy of the report should be sent to the Business Administrator.

## INSURANCE INCIDENT REPORT

### PROPERTY LOSS/DAMAGE

(Property Damage--Fire, Water, Structural, etc.)  
Theft of Personal Property

<b>A. Location of Loss--Including City, State</b>		<b>B. Date and Time of Loss</b>					
<b>C. Description of Loss</b>							
1	Kind of Loss	Fire	Lightening	Flood	Other		
		Theft	Hail	Wind			
2	Description of Loss-- (Use separate sheet if necessary)						
<b>D. Name/Address of Contact Person</b>							
Name _____ Position _____							
Address _____							
City, State, Zip _____							
Phone Number _____ Fax Number _____							
<b>E. Police Contacted</b>		Yes	No	<b>Fire Department Contacted</b>		Yes	No
<b>F. Reported by</b>							
Name _____ Position _____							
Signature _____ Date _____							

Submit to: School Business Administrator  
Fax: (973) 470-7694 (Hard copy to follow)  
Passaic Board of Education  
Passaic, New Jersey

# INSURANCE INCIDENT REPORT

## GENERAL LIABILITY

(Notice of Occurrence)

<b>A. Location of Occurrence</b>	<b>B. Date/Time of Occurrence</b>
<b>C. Description of Occurrence -- (Use separate sheet if necessary)</b>	
<b>D. Injured Person/Property Damaged</b> Name/Address or Injured Person/Property Owner  Name _____  Address _____  City, State, Zip _____  Phone Number _____ Fax Number _____	
<b>E. Description of Injury/Property</b>	
<b>F. Witnesses</b>  Name/Address _____ Phone Number _____ _____ _____ _____	
<b>F. Reported by</b>  Name _____ Position _____  Signature _____ Date _____	

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Fax: (973) 470-7694 (Hard copy to follow)  
Passaic Board of Education  
Passaic, New Jersey

# INSURANCE INCIDENT REPORT

File Within 24 Hours of Accident \*

## SCHOOL DISTRICT AUTOMOBILE LOSS

(Notice of Occurrence)

<b>A. Location of Accident (Incident)</b> (Including City and State)		<b>B. Date/Time of Accident (Incident)</b>			
<b>C. Description of Occurrence</b> -- (Use separate sheet if necessary)					
<b>D. Employee Name</b>		<b>Position</b>			
<b>E. Police Contacted</b> Yes N.J.A.C. 6A:23A-6.12(q)		<b>Remit Police Report Within 48 hours of Incident</b>			
<b>F. Contact Name Administrator</b>		<b>Telephone</b>			
<b>G. Insured Vehicle</b>					
<b>Veh #</b>	<b>Year</b>	<b>Make:</b>	<b>Body Type:</b>	<b>Plate Number</b>	<b>State</b>
		<b>Model:</b>	<b>Vin #:</b>		
<b>Owner's Name &amp; Address</b>		Passaic Board of Education 663 Main Avenue/ Passaic, NJ 07055			
<b>Driver's Name &amp; Address</b>					
<b>Driver's License Number</b>		<b>State</b>	<b>Purpose of Use</b>	<b>Used with Permission?</b>	
				<b>Yes</b>	<b>No</b>
<b>Describe Damage</b>			<b>Where Can Vehicle Be Seen?</b>		
<b>H. Property Damage</b>					
<b>Describe Property (If auto, year, make, model, plate #)</b>			<b>Company or Agency Name:</b>		
			<b>Policy #</b>		
<b>Owner's Name &amp; Address</b>			<b>Residence Phone (A/C, No):</b>		
			<b>Business Phone (A/C, No, Ext):</b>		
<b>Other Driver's Name &amp; Address</b> <input type="checkbox"/> (Check if same as owner)			<b>Residence Phone (A/C, No):</b>		
			<b>Business Phone (A/C, No, Ext):</b>		
<b>Describe Damage</b>			<b>Where Can Damage Be Seen?</b>		
<b>I. Injured</b>					
<b>Name &amp; Address</b>					
<b>J. Witnesses or Passengers – (use back if necessary)</b>					
<b>Name &amp; Address</b>					
<b>K. Name of Administrator:</b>				<b>Date</b>	
<b>Signature:</b>					

Submit to: School Business Administrator \*N.J.A.C. 6A:23A-6.12(j,p)  
Fax: (973) 470-7694 (Hard copy to follow)  
Passaic Board of Education  
Passaic, New Jersey